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PROCEEDINGS

18877

OF THE

FOURTEENTH ANNUAL MEETING

OF THE

American Institute of Homœopathy,

HELD IN

CHICAGO, WEDNESDAY, JUNE 3, 1857.

CHICAGO:
DEMOCRAT PRINT, 45 LA SALLE STREET,
1857.

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FOURTEENTH ANNUAL MEETING

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

Wednesday, June 3, 1857.

At 10 o'clock, A. M., the General Secretary, F. R. McManus, M. D., of Baltimore, Md., called the Institute to order, and read the roll of members, when those present answered to their names.

The General Secretary then called for the election of a Chairman, when J. P. Dake, M. D., of Pittsburgh, Pa., was elected.

Dr. Dake, upon taking the chair, made a pertinent address, thanking the Institute for the honor conferred upon him.

The Institute then elected D. S. Smith, M. D., of Waukegan, Ill., General Secretary, Geo E. Shipman, M. D., of Chicago, Ill., Provisional Secretary; and S. S. Guy, M. D., of Brooklyn, N. Y., Treasurer, for the ensuing year.

The following gentlemen were then elected censors:

J. S. Douglas, M. D.	Milwaukie, Wisconsin.
D. M. Dake, M. D..	Pittsburgh, Pa.
A. E. Small, M. D.	Chicago, Ill.
G. W. Swazey, M. D.	Springfield, Mass.
Lewis Dodge, M. D.	Cleveland, Ohio.

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The Chairman then appointed the following Committee to audit the Treasurer's accounts:

W. Williamson, M. D.	Philadelphia, Pa.
C. F. Manchester, M. D.	Pawtucket, R. I.
N. H. Warner, M. D.	Buffalo, N. Y.
Wm. Gallupe, M. D.	Bangor, Me.
F. W. Skiles, M. D.	Iowa City, Iowa.

J. S. Douglas, M. D., Chairman of the Board of Censors, reported the names of the following gentlemen, who have applied for membership, as being qualified in accordance with the requirements of the by-laws of the Institute:

A. R. Bartlett, M. D.	Aurora, Ill.
Geo. E. Shipman, M. D.	Chicago, "
M. Slocum, M. D.	" "
E. A. Guilbert, M. D.	Dubuque, Iowa.
John Ellis, M. D.	Detroit, Mich.
J. L. Kellogg, M. D.	Chicago, Ill.
D. A. Colton, M. D.	" "
L. E. Ober, M. D.	LaCrosse, Wis.
G. D. Beebe, M. D.	Chicago, Ill.
R. Ludlam, M. D.	" "
Francis Woodruff, M. D.	Ann Arbor, Mich.
Dr. W. S. Hedges,	Jamestown, N. Y.
G. W. Chittenden, M. D.	Janesville, Wis.
C. A. Jaeger, M. D.	Elgin, Ill.
Aaron Pitney, M. D.	Chicago, Ill.
F. B. Gardner, M. D.	San Francisco, Cal.
Philo L. Hatch, M. D.	Dubuque, Iowa.
A. P. Holt, M. D.	Lyndon, Ill.
Joseph Sill, M. D.	Kalamazoo, Mich.
Jared G. Baldwin, M. D.	New York, N. Y.
Wm. A. Reed, M. D.	Philadelphia, Pa.
W. M. Williamson, M. D.	Appleton, Wis.
Jos. B. Ward, M. D.	Saratoga Springs, N. Y.
Chas. T. Harris, M. D.	Balston Spa, N. Y.
Seth R. Beckwith, M. D.	Cleveland, Ohio.
John S. Pfouts, M. D.	La Crosse, Wisconsin.
A. Giles, M. D.	Racine, "

These gentlemen having been duly elected, the Institute adjourned to meet at 3 P. M.

Afternoon Session.

Institute met at Metropolitan Hall, at 3 P. M., pursuant to adjournment.

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Dr. Swazey offered a resolution that the next annual meeting of the Institute be held at the city of New York.

Dr. Small amended to Brooklyn, which amendment having been accepted, it was

Resolved, That the next annual meeting of the Institute be held at Brooklyn, New York, on the first Wednesday in June, 1858.

Dr. C. M. Dake's Report on "Anæsthetic Agents, their Use and Abuse," being called for, the Chairman stated, Dr. Dake being temporarily absent, that the Committee was in communication with parties in Europe, and was not prepared. Committee continued, on motion of Dr. A. W. Gray.

Dr. Gardner's Report being called, a letter from Dr. Gardner was read by Dr. Williamson, requesting a continuance or discharge.

Dr. McManus moved that the Committee be continued, which was carried.

W. E. Payne, M. D., from Committee on Repetitions and Alternations, being called, presented his report, which, upon motion of Dr. Williamson, was accepted.

Committee on Water as a Therapeutical Agent, not being prepared, was, on motion of Dr. Small, continued.

Committee on Attenuation of Remedies were not prepared, and, at their own request, were discharged.

Dr. Small from Committee on Ethics in Medicine, presented his report, which, on motion of Dr. Swazey, was laid upon the table.

The reading of Dr. D. M. Dake's Report, which was interrupted by the morning adjournment, was now concluded, and on motion of Dr. Williamson, was accepted and laid on the table for further consideration.

Committee on Intermittents was not prepared to report, but requested to be discharged.

Dr. J. P. Dake presented Report of Central Bureau of Materia Medica, but was interrupted by the adjournment of the Institute, to meet at Metropolitan Hall at 8 o'clock P. M.

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to hear the Annual Address, which was delivered by Dr. Douglas, of Wisconsin, and was listened to with much pleasure and profit by the members of the Institute and a large and appreciative audience of the citizens of Chicago.

Thursday, June 4, Morning Session.

The Institute was called to order at 9 o'clock A. M., by the Chairman.

The minutes of yesterday were read and corrected.

J. M. Ward, M. D., of Newark, N. J., announced to the Institute, the painful intelligence of the sudden death of a member, Dr. Wm. Peck, of Cincinnati, while on his way to Chicago, to attend this meeting, by an accident upon the railroad. Dr. Ward, who was himself a passenger in the same train, accompanied the intelligence with appropriate remarks in relation to the deceased; whereupon, on motion of Dr. Swazey, it was

Resolved, That the American Institute of Homœopathy bow submissively to the afflictive dispensation of the Divine Providence, in the sudden death of Dr. William Peck, and that Drs. J. M. Ward, A. E. Small and W. Williamson, be appointed a Committee to draft resolutions of condolence with the bereaved family and communicate the same to them, and that the same be published in the proceedings of the Institute.

J. P. Dake, M. D., then resumed the reading of the Report of the Central Bureau, which was interrupted by the adjournment of the previous day.

A. E. Small, M. D., continued by reading a paper in connection with the above report, furnished by B. F. Joslin, M. D., who was absent.

W. E. Payne, M. D., presented a Report upon the same subject; after which, on motion of Dr. Williamson, the Reports were laid upon the table for future action.

N. H. Warner, M. D., of Buffalo, from the Committee on

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Cholera, presented a voluminous and interesting Report, which on motion of Dr. D. M. Dake, was laid on the table for future action.

The Committee on Domestic Books and Cases, were not prepared, and were discharged at their own request.

Dr. Swazey, one of the Committee on Medical Education necessary in Homœopathic practice, presented an elaborate report, which, on motion of Dr. Small, was laid upon the table for future action.

Dr. D. S. Smith, Secretary, presented the proceedings of the Illinois State Homœopathic Medical Association. On motion it was received and placed on file.

G. W. Swazey, M. D., presented a report from J. H. Pulte, M. D., on Water as a Therapeutic Agent, which, on motion, was laid on the table for future action.

W. Williamson, M. D., made a report respecting the condition of the Treasurer's account, approving the same, which was received and adopted as satisfactory to the Institute.

R. Ludlam, M. D., read a report from the Chicago Homœopathic Medical Society, which on motion was ordered to be printed.

Dr. Ludlam also presented a report from the Northern Illinois Medical Association, which was received and ordered to be printed.

A report was received from J. B. Wood, M. D., of Westchester, Pa., respecting the treatment of inflamed and indurated mammæ, which, on motion of Dr. McManus, was ordered to be printed.

Wm. Gallupe, M. D., Bangor, Me., read the history, symptoms, treatment and cure, of several important cases of cancer of the mammæ, treated by himself. On motion of Dr. Williamson the report was ordered to be printed.

Institute adjourned to meet at 2½ P. M.

Afternoon Session.

Institute called to order by the Chairman, at the time appointed.

Dr. Guy read a report of an interesting case of exanthema-

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tous disease treated by Dr. Z. Clement, of N. Y., which on motion was ordered to be printed.

S. Z. Haven, M. D., of Buffalo, N. Y., made a verbal report of a very interesting case of abdominal disease; a similar case was also reported by Dr. Swazey, together with some statements regarding the tape worm.

Dr. Williamson verbally reported several interesting cases of tape worm, which he considered cured by the first decimal attenuation of Spongia tosta.

S. S. Guy, M. D., Treasurer, offered the following resolution, viz:

That members in good standing, who from advanced age retire from the practice of medicine, may hold honorary membership, and be exempt from annual dues.

On motion of Dr. Guy, it was

Resolved, That S. Z. Haven, M. D., be permitted to withdraw from his association with the American Institute of Homœopathy.

The Chairman then appointed the following named gentlemen a Committee on scientific subjects:

DR. WILLIAMSON, DR. SWAZEY, DR. W. E. PAYNE.

CENTRAL BUREAU.

B. F. JOSLIN, M. D., New York, W. E. PAYNE, M. D. Bath, Me.
J. S. DOUGLAS, M. D. Milwaukee, C. J. HEMPEL, M. D. Phil., Pa.
J. P. DAKE, M. D., Pittsburgh, Pa.

COMMITTEE OF ARRANGEMENTS FOR THE NEXT ANNUAL MEETING OF THE INSTITUTE.

S. S. GUY, M. D.	Brooklyn,	New York.
P. P. WELLS, M. D.	"	"
A. COOKE HULL, M. D.	"	"

On motion of Dr. Shipman of Chicago, it was

Resolved, That the Secretary be instructed to notify every American Homœopathic Physician, whose address he may have, of the next annual meeting of the Institute at Brooklyn.

G. W. Swazey, M. D., offered the following resolution, which was unanimously carried:

Resolved, That in the removal by death of Dr. Paul Wolff,

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of Dresden, the American Institute of Homœopathy has sustained the loss of a most distinguished friend and co-laborer.

That the services he has rendered our cause in this country by the publication of his eighteen Theses, also the service rendered this Association in procuring the stone in our national monument, inscribed "SAMUEL HAHNEMANN," will be held in long and affectionate remembrance.

F. R. McManus, M. D., of Baltimore, called the attention of the Institute to a printed handbill advertisement of Dr. Francis R. Moore, of Pittsburgh, Pa., of a character which savors of quackery or gross empiricism, and he offered a motion that the Chairman appoint a committee of three to whom this subject should be referred for immediate action. Adopted unanimously. The Chair appointed Drs. Shipman, Barrow, and Gallupe said Committee. The Committee having conferred together, presented the following Report, which was unanimously adopted:

"The undersigned Committee, to whose consideration the case of Dr. F. R. Moore, of Pittsburgh, Pa., was submitted, beg leave to present the following resolution:

"*Resolved*; That F. R. Moore, M. D., of Pittsburgh, Pa., be and hereby is expelled from the American Institute of Homœopathy, for unprofessional advertisements.

(Signed,) GEO. E. SHIPMAN,
IRA BARROW,
WM. GALLUPE.

J. M. Ward, M. D., of Newark, N. J., offered the following:

Resolved, That it is the duty of the American Institute of Homœopathy to extend a fostering care to the Homœopathic Medical Colleges of the United States, and exert her influence in directing students of medicine, who are seeking admission to the honors of the profession, to their Halls for instruction.

Dr. McManus offered the following resolution:

Resolved, That the members of the American Institute of Homœopathy tender their warmest acknowledgments to the physicians of Chicago and of Illinois, for the manner in which

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the Institute has been received and entertained at this, its fourteenth annual session.

Dr. Williamson, Chairman of "Committee on Scientific Subjects," offered the following report, which was unanimously adopted:

C. M. Dake, M. D., of Geneseo, N. Y., on "Anæsthetic Agents, their Use and Abuse."

Richard Gardner, M. D., of Philadelphia, on "Small Pox, and Kindred Pustular Diseases."

J. P. Dake, M. D., of Pittsburgh. Pa., on "Water as a Therapeutic Agent."

A. R. Bartlett, M. D., of Aurora, Ill., on "Intermittent Fever."

J. M. Ward, of Newark, N. J., on "Mechanical Support in the Treatment of Disease."

W. Williamson, M. D., of Philadelphia, Pa., on "Puerperal Fever."

George E. Shipman, M. D., of Chicago, on "Parasites in connexion with Disease."

D. M. Dake, M. D., of Pittsburgh, Pa., on "Evacuants, their Physiological and Therapeutic Relations to the Human Economy."

W. E. Payne, M. D., of Bath, Me., on "The Alternation of Remedies in Homœopathic Practice."

P. P. Wells, M. D., of Brooklyn, on "The Attenuation of Medicine."

E. A. Guilbert, M. D., of Dubuque, Iowa, on "Chest Diseases, their Diagnosis and Treatment.

A. E. Small, M. D., of Chicago, Ill., on "The Influence of Geological Formations on Disease."

Jno. Ellis, M. D., of Detroit, Michigan, on "The Scale for Preparation of Homœopathic Attenuations."

G. W. Swazey, M. D., of Springfield, Mass., on "Medical Dynamics."

S. M. Cate, M. D., of Augusta, Me., on "Scarlet Fever, its Prophylaxis and its Treatment."

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Dr. Williamson offered the following resolution, which was adopted and ordered to be published with the proceedings of every year, preceding the appendix:

WHEREAS, The American Institute of Homœopathy has appointed from time to time Committees to make reports at its annual meetings, on various subjects connected with medical science, for the purpose of eliciting truth, the mutual improvement of its members, and the advancement of Homœopathic Literature—a cause which has been beneficial in the past, and is cordially recommended for the future; nevertheless, each Committee being at liberty to advance its own doctrines without restraint or supervision, the American Institute ought not to be held responsible for all the teachings of such reports; therefore,

Resolved, That the American Institute of Homœopathy does not necessarily endorse the doctrines contained in the reports of Committees, by accepting or publishing such reports with the proceedings.

On motion, Drs. Williamson and Helmuth, of Philadelphia, were appointed a Committee to devise and prepare a certificate or diploma of membership suitable for the Institute and for their use, to be furnished at the next annual meeting.

Dr. Guy offered the following resolution, which was adopted:

Resolved, That each present member of the American Institute of Homœopathy shall be entitled to the proposed Diploma on the payment of one dollar—new members to be entitled to the same by paying the usual fee.

On motion of Dr. Swazey, the report of the Central Bureau which was this morning laid on the table, was ordered to be printed with the minutes.

The report of G. W. Swazey was then taken up for consideration, and on motion was ordered to be printed with the proceedings.

It was moved and carried that the report of the Committee on Water be referred to the Committee on Publication, with power to act.

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On motion, the report of the Committee on Ethics was received and placed on file.

J. M. Ward, M. D., of Newark, N. J., was appointed to deliver the next annual address before the Institute, F. R. McManus, M. D., of Baltimore, Md., his alternate.

The thanks of the Institute were voted to J. S. Douglas, M. D., for his able and eloquent address, and a copy requested for publication.

The thanks of the Institute were presented to J. P. Dake, M. D., for the able and impartial manner with which he has presided over its deliberations, and also to the Secretaries and Dr. McManus, and the Treasurer, for the faithful discharge of their respective duties.

On motion of Dr. McManus, the meeting of the Institute now adjourned to meet in the city of Brooklyn, N. Y., on the first Wednesday in June, 1858.

D. S. SMITH, M. D.,
General Secretary.

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WHEREAS, The American Institute of Homœopathy has appointed from time to time Committees to make reports at its annual meetings, on various subjects connected with medical science, for the purpose of eliciting truth, the mutual improvement of its members, and the advancement of Homœopathic Literature—a cause which has been beneficial in the past, and is cordially recommended for the future; nevertheless, each Committed being at liberty to advance its own doctrines without restraint or supervision, the American Institute ought not to be held responsible for all the teachings of such reports; therefore,

Resolved, That the American Institute of Homœopathy does not necessarily endorse the doctrines contained in the reports of Committees, by accepting or publishing such reports with the proceedings.

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APPENDIX.

REPORT OF TREASURER

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY

FOR THE YEAR ENDING JUNE 3, 1857.

RECEIPTS.

Balance on hand at last report	$116.08
S. R. Kirby's notes, $59.13 each	118.25
From members of Institute for dues to date	204.00
Total receipts	$438.33

DISBURSEMENTS.

Paid J. P. Dake's bill for circulars and stationery	8.50
" Dr. Piper's bill for publishing notices of meeting	3.75
" Dr. W. A. Gardiner's bill	12.50
" Bill of Smithsonian Institute, for gas, etc	5.00
" Secretary's bill for publishing notices in Baltimore	6.57
" Returned Dr. Osgood, overpaid dues	3.00
" Sherwood & Co.'s bill for printing proceedings	93.87
" Parkhurst for reporting proceedings	20.00
" For postage, stationery, etc., to date	16.77
" Dr. A. S. Ball one Kirby note	59.13
Total expenditures	$229.09
Balance in hands of Treasurer, cash	150.11
" " " notes	59.13
Total, in cash and notes	$209.24

SAML. S. GUY, M. D.,
Treasurer.

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AN ADDRESS,

DELIVERED AT THE FOURTEENTH SESSION OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, HELD IN THE CITY OF CHICAGO, JUNE 3d AND 4th, 1857.

BY J. S. DOUGLAS, M. D.

Gentlemen of the American Institute of Homœopathy,
Ladies and Gentlemen:

The first thought suggested by the place and the circumstances of our convocation, is one of welcome; the second, one of congratulation. I shall speak the sentiment and receive the endorsement of all my Western brethern, while I tender to the American Institute of Homœopathy a cordial welcome to the West, on this occasion of its first Western visit. In connexion with it, we indulge the agreeable anticipation that it will not be the last. But we hope, at no distant period, to greet each other in other Western cities.

We may heartily congratulate each other upon the rapid extension of our favorite medical doctrines and practice, and especially upon their almost magical dissemination throughout the great West. When this Institute was first formed, but a few years ago, how few were the representatives of its principles West of the Lakes! And what a small number of these, such as we were proud to acknowledge as the exponents of Homœopathy! Who dreamed, then, of holding an annual meeting of the American Institute of Homœopathy in Chicago! How magical the change in this brief period! Now, there is scarcely a town of any importance in the whole West,

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in which our school is not creditably represented. This young city of the prairie, just sprung into existence, can now boast of its twenty Homœopathic practitioners, whose scientific and professional attainments and practical skill, I may be permitted to say, would not discredit our cause in any city of the Union. This is not all. The demand for Homœopathic medication has more than kept pace with the supply. From every part of the West the cry is coming, "Send us a Homœopathic physician"! It is a common feature of reforms, that the laity take the lead of the professions. Professional men have a dignity to preserve, which, it is supposed, would be compromised by any radical change of opinion on professional subjects. The laity do not encounter this formidable difficulty in the way of yielding to their convictions.

But our congratulations are by no means confined to the West. Though we often hear that Homœopathy is going down in the East, the cry imposes upon no one, not even upon those who raise it. All understand the meaning of whistling under certain circumstances. Here in the West, Homœopathy is going down in our Eastern cities. When we inquire there, it is going down on the Eastern Continent, and in its very birthplace and cradle, it is already gone down. And when the inquiry is pushed there, we are met by a letter from a learned American physician, giving the reasons why our school of medicine has so much more dignity there than in this country. He who has been eagerly seeking, in the East, the place of the going down of Homœopathy, returns from the weary pilgrimage, with about the same cause for self-congratulation, as the urchin returning from his earnest pursuit of the descending end of the ever retreating rainbow. It is from the East that we are constantly receiving a valuable portion of the supply of our rapidly increasing demand for Homœopathic practitioners.

But the West is, perhaps, on the whole, a more congenial soil for medical reform than the East. There is more free and independent individuality of thought and action—less of theory, perhaps, but more of direct, utilitarian practicality—less

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conservatism and more progressiveness. All this favors practical medical reform. And physicians do not escape an obvious tincture of these characteristics; and hence, the profession at the West presents, as a whole, a somewhat distinguishable phase of professional character. The difference, however, is not such as, in any degree, to interfere with the most cordial blending and co-operation of even the extreme shades of difference, but only such as should be interesting and useful to both.

The members of the Institute have hitherto, for the most part, enjoyed the annual pleasure of meeting in Eastern cities, in the midst of comparatively old luxury and settled refinement, and have feasted upon annual addresses from members, not only of extensive professional acquirements, but of general learning and cultivated powers of elocution. In the outset of my remarks, I must beg the Eastern portion of the members of the Institute to recollect that they are now on Western ground, in a new Western city, and addressed by a Western man, who so far partakes of the characteristics of his locality, that he only knows the practical method of speaking right on, just what he himself thinks, without pausing to raise a timid query how it may correspond with the thoughts of others, and without stopping to construct a rhetorical flourish, to round a period or to weave a garland. What I have to offer will consist of some plain, practical remarks upon the following practical inquiry:

What are the causes which prevent the *more* rapid progress of our glorious art and science of healing?

These causes are naturally divided into two classes—the external and the internal; in other words those that belong outside our own school and profession, and those within it.

The first and chief cause operating from without, is the spirit of conservatism which has always distinguished the learned professions—an extreme reluctance to admit a new idea, or a new doctrine which does not harmonize with existing belief. A majority of the professedly learned have ever

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made strenuous and persistent opposition to every innovation upon what they have deemed established in the several professions. And if the new doctrine is palpably opposed to existing belief, there is even a general refusal to examine it. The question is often asked by apparently intelligent men: If the doctrines of Homœopathy are really the true doctrines, and its practice really superior to the old, why do not the whole profession at once adopt it; especially a profession so learned, so liberal, and so philanthropic? And this question is propounded with such an air of conscious triumph as to indicate the undoubting conviction that the claim of superiority is effectually disposed of. But have these querists familiarized themselves with the history of science? History is not, alone, a record of the past. It also explains the present and prophesies of the future, and is especially instructive and consoling to the scientific reformer.

And what answer does history give to this question? It tells us that every great truth that now adorns science in all her departments, in every profession, has acquired its present honorable position by protracted conflict with the combined opposition of a majority of the savans of the age, or of the particular department of science to which that truth belongs. It points us to Copernicus and Kepler, to Galilleo and Des Cartes, to Hooker and Faust, to Leibnitz and Newton, to Harvey and Jenner, and a host of others as exemplifications of this historical truth. It exhibits, in detail, how every important reform—every new truth that was in opposition to, or greatly in advance of, existing doctrines, has fought its tedious and protracted battle against this combined opposition of the learned, step by step, and inch by inch, to final triumph.

These querists do not ask why Harvey was opposed, slandered, persecuted, and deprived of name and place to the day of his death, by a vast majority of the learned medical profession, for announcing and maintaining the evident fact of the circulation of the blood. Nor why the splendid geometrical discoveries of Leibnitz and Newton, mathematically demon-

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strated as they were, shared the same fate, by the almost unanimous voice of contemporary philosophers. Nor do they ask why the discovery of Newton on the composition of light, "great, new and singular" as it was, and being, not a theory, or system of opinions, but the generalization of facts revealed by experience, encountered such a host of learned enemies, "each eager to obtain the unfortunate pre-eminence of attacking conclusions which the uniform voice of posterity was to confirm." Nor why the magnificent and demonstrated astronomical truths announced by the same great man, fell, silent and neglected, on the ears of contemporary philosophers, and the old, venerated Aristotelian and Cartesian systems of philosophy continued to be taught, by every learned professor in every University of Europe, to the entire exclusion of the Newtonian for more than thirty years after the publication of Newton's Principia; and Newton lived on for more than forty years, and then died without twenty followers in Continental Europe—being at the rate of less than one convert in two years to the Newtonian Philosophy. When the grave querist has answered these and a thousand other similar questions suggested by every page of the history of science, he will be able to answer his own question: Why the learned medical profession have not, at once, adopted the glorious truths announced by Hahnemann, sustained as they are by the soundest philosophy and the wide-spread experience of fifty years.

It may be by some considered a bold assertion, but it is true, that all history teaches that it is not even *prima facie* evidence against a new doctrine, that it is opposed by any number of *learned* men, who usually condemn all innovations without any competent examination of their merits or demerits. It is not the fault of light shining in darkness, "that the darkness comprehendeth it not;" nor is it the fault of truth that it is addressed to those who, "having eyes, see not, and having ears, hear not."

The whole truth of this subject is expressed in few words. There ever has been and is, a large class, occupying high stations,

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held in estimation by the world, and in many respects learned and intelligent, who, having completed their education according to ancient formula, straightway stereotype themselves, and make strenuous efforts, during the remainder of life, to stereotype the profession to which they belong. Standing upon the circumference of their mighty and finished acquisitions, they frown upon every living, moving man, who, in his onward progress, advances a step over the line they have drawn. This is precisely the position of a majority of the magnates of the Old Dispensation of medicine at the present moment. They expend little effort to make progress themselves, but a great deal to prevent progress in others. Their chief labor consists in fortifying their boasted science of medicine against innovation. Annually and semi-annually, the resolutions and by-laws of medical associations are remodelled and rendered more stringent. Being seen to converse with a Homœopathic physician, or reading a Homœopathic journal, subjects a member to serious suspicion, and may exclude a medical student from being a candidate for graduation in an Allopathic College. If a student has, by any means, become the happy recipient of a few rays of Homœopathic light, he is obliged carefully to conceal it till he has received his parchment, and in some instances is obliged to give a pledge that he will not practically apply the light he may hereafter receive. A single act of professional intercourse with a Homœopath, forfeits membership in medical associations. Such are some of the manifestations of dogged conservatism in the medical profession, and the obstacles they throw in the way of the progress of Homœopathy. Another obstacle in the *vis inertiæ* in the medical profession. After a few years practice, most physicians lose their habits of study, if, indeed, they ever acquired them. Bye and bye, their attention is directed to Homœopathy. They see the beauty of the theory and acknowledge the success of the practice, and are disposed to adopt it. But they are met at the threshhold with such a fearful amount of labor to be performed, that they shrink back appalled. They can

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never master our huge Materia Medica, with all its multitudinous specific applications. The *vis inertiæ* prevails, and they continue in the old beaten track, rather than make the necessary effort to advance.

Such are some of the causes acting from without, to retard our progress.

We must glance briefly at some causes existing within ourselves.

And first, the imperfections of our Materia Medica. I would refer especially to two—the one as an error, the other as a deficiency. Rich, priceless as it is, with but half a century of existence, compared with which, in practical value, the Materia Medica of the previous two thousand years dwindles into insignificance; yet it has its serious imperfections.

The error consists in the arrangement of its symptoms—the want of chronological character in our pathogenetic records.

All are agreed that, to acquire a correct knowledge of a natural disease, we must have its chronological history. Natural and drug diseases are alike in this respect. They both have alike a succession of symptoms, characterizing their invasion, progress, acme and decline. To obtain a correct knowledge of either, we must have this chronological history. And we must have the image of the drug diseases in order to make a correct application of the drugs on the principle of *similia similibus*. A drug is not homœopathic to a disease, unless, besides exhibiting similar pathogenetic symptoms, these symptoms have a similar order of occurrence. In other words, it must correspond chronologically as well as symptomatically. It is known to us all, that our pathogenetic records consist, mainly, in a tedious catalogue of symptoms, with very little reference to their order of occurrence. We all feel and regret this deficient arrangement. Encouraging progress is being made in its removal When this is accomplished, the treatment of disease will become vastly more easy, simple, definite and successful.

The *deficiency* consists in a want of provings of a large

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number of indigenous remedies, known to be of great value, at least in our Western diseases. It is doubtless a general truth, that a beneficent Providence has supplied each country and climate with the most appropriate remedies for its own diseases. This country—especially the West—has its distinguishing diseases. But how few of our *known* valuable indigenous productions have had a proving? I cannot but regard this as the most important desideratum of our Materia Medica. This deficiency has been a source of serious mortifications to many of our best practitioners. It may be humiliating to acknowledge the facts in the case, but, *fiat justitia, ruat cœlum.* It is salutary to hear the truth, even when it is against ourselves, if it incites us to supply a deficiency which that truth discloses. The truth is, that some of our best practitioners have been mortified to find themselves comparing unfavorably with their neighboring Eclectics in the treatment of a considerable number of important and formidable diseases. Now, Western Homœopaths are not the men to sit quietly down and see themselves outdone by the indefinite and clumsy practice of Eclecticism; nor to submit to the frequent repetition of their incurable patients resorting to Eclectics and being cured. Rightly believing that this success must be owing to the employment of indigenous remedies unknown to our Materia Medica, they have sought information from their always communicative neighbors, and found what they expected. Fortunately, we have no laws enacted for the purpose of shutting out light by forbidding professional intercourse with any source of light and information. The remedies proved to be so successful in certain diseases in Eclectic hands, having been ascertained, they have been employed Homœopathically with equal or greater success. Partial provings have been made of many of these, and the cures performed by them found fully justified by their pathogenesis.

We must accord great credit to our friends, the Eclectics, for bringing into notice and successful use, so large a number of valuable indigenous remedies. This has been the special

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field of their labors. If we had full provings of all these successful remedies, our Materia Medica would be greatly enriched, and the odium of inferior success in a variety of diseases, removed. With the same materials, properly proved, guided by our unerring law of cure, it cannot be for a moment doubted that our success would be much greater than that of the Eclectics, with only clinical experience for a guide, even in their most boasted diseases. I do not know a work so much needed or so important to our school, as the proving of indigenous drugs. I must be allowed a moment's digression, to say that the use of drugs whose virtues had been demonstrated by Eclectic experience, has subjected some of our Western practitioners to the mistaken charge of a mixed practice—a mixture of Homœopathy and Eclecticism. It has even been charged that this mixed practice is taught in our Western Homœopathic College. From a somewhat extended and intimate knowledge of Western practice and the teachings in that school, I am happy to be able to correct this misapprehension. I am wholly unaware of any such mixture. I do not know a single physician acknowledged as belonging to our ranks, who does not fully endorse and practically act upon, nor a teacher who does not earnestly teach and manfully defend, the great law of *similia similibus curantur* as the only guide in practice. And no less so when he employs a drug suggested by the clinical experience of an Eclectic, than when he employs one suggested by the same experience of a Homœopath.

Very much is expected of us Homœopaths, and it is proper there should be. We must act up to a very high standard, or subject ourselves to some very strange criticisms. Even our unmitigatedly empyrical Allopathic friends charge us with loose practice, and employing old women's remedies, if we use a drug not duly arranged in Jahr's Manual. They call it undignified, and *unscientific*, and indefinite. What a wonderful degree of scientific definiteness there is in their use of drugs. Witness the recommendation, by Pereira, of sulphur for a laxative as a general substitute for castor oil, of lobelia, in all

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cases, as a substitute for tobacco, and the universal substitution, in this country, of conium mac. for cicuta virosa.

And then, what scientific origins their uses of drugs have! Witness the use of their great anthelmintic—the spigelia anthelmia—their whole knowledge of which was derived from the natives of South America and the negroes of the West Indies, who taught them that it would destroy worms. All they have learned by one hundred and fifty years experience, additional to the teachings of their barbarian instructors, is the discovery of the fact that it sometimes makes a perverse mistake, and destroys the patient instead of the worms; but this discovery has produced no modification in their practice. We might indefinitely extend this scientific catalogue. But it is complimentary that better things are expected of us.

Another obstacle to progress, consists in the differences of opinion existing among ourselves on a variety of points of minor importance, which have been magnified much beyond their real merits. While all the members of our school of medicine are agreed in all the great and essential principles of our science, some latitude must be mutually conceded to individual opinion. We cannot bring all minds to the same standard of thinking, on every minor point connected with medicine or anything else. In the midst of universal diversity in the individual creations of nature, mental uniformity would be an anomaly in the Creator's works. We have, perhaps, sought too much to bring about such uniformity. The worst effect of this is, that these diversities of opinion have been understood, by our opponents, as disagreements on radical and fundamental doctrines. They say we are not agreed among ourselves as to what the doctrines of Homœopathy are. Though this is a perversion of the truth, yet while these disagreements exist, and are suffered to assume an apparent and prominent importance among ourselves, they cannot but retard the progress of Homœopathy.

For example, there are differences of opinion on the question of high and low dilutions—of comparatively small and large

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doses. One has found his success satisfactory with the use of only the lowest dilutions. That of another has been equally so with the uniform use of the 30th, and that of a third with the two hundredth, or higher. Each has been tenacious of his successful method, and sometimes a little uncharitable, perhaps, towards those in an opposite extreme. The convert from the Old Dispensation often brings some of his ancient grossness with him, as the early Jewish convert to Christianity still clug to some of the grossness of Judaism. He commences, of course, with low dilutions, and finds himself so much more successful than ever before, that he is perfectly satisfied, and unwilling to risk a change. Another, with more ethereal mental constitution, with a little more of the marvellous in its structure, equally satisfied with a trial of the thirtieth or two hundredth, or higher, continues their use, and perhaps charges his grosser neighbor with Allopathic tendencies. Our Allopathic friends are eager to seize upon this charge, and upon the strength of it, proclaim that one-half of us repudiate our own principles by prescribing appreciable doses. The only idea which most of these objectors have of the principles or peculiarities of Homœopathy is, that they consist in giving infinitesimal doses, and if the dose is anything above this, it is, in their estimation, Allopathic. This idea is unfortunately favored by ourselves, and the erroneous impression is thus kept up, that we do not believe in or practice upon our professed principles. It has been more than once said, when you agree among yourselves, in regard to your own principles, it will be time for us to examine them. The true reply is, we do perfectly agree in regard to our principles, and only differ in regard to some minor details of their application. But the objector replies, that such a Homœopath says of such another, that he is more Allopathic than Homœpathic, for he gives doses of one or several drops of the lowest dilutions—a practice disallowed by every true Homœopath. This belief in the Old School, of our disagreement in regard to principles, is unfortunate, and certainly an obstacle to the progress of the great truths of our system.

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Doubtless much the greater number in our ranks, recognize the propriety and necessity of employing both the high and low dilutions under different circumstances and conditions. Guided by my own experience and observation, I am obliged to infer that the susceptibilities of the human organism to remedial agents have a range sufficiently wide to correspond to the entire range of dilutions, from the first to the two thousandth, and that he who employs either extreme, or anything intermediate, exclusively, will often fail of affecting a cure, when he might have succeeded by adapting his remedies to the particular susceptibility of his patient.

But I have no disposition to give our profession a bad name by denouncing those who disagree with me. If they will always prescribe in obedience to the great law of cure, I must leave to their individual judgments to regulate the precise quantity they may deem most efficient.

The more or less free use of water is another source of difference which I think has been exaggerated to our disadvantage, and some very good practitioners have been charged with being hydropathic rather than Homœopathic. Some of our very reputable brethren have established cures which have been termed, at least by others, water cures. When we understand the exact views of such, we shall perhaps be disposed to be more lenient towards them. The Homœopathic conductors of these establishments, so far as I am acquainted, hold, substantially, the following views respecting them: They are not disposed to call them, nor do they design them as water cures, but as places of cure —a sort of pleasant, well regulated hospitals to which patients, who cannot be under the necessary control or enjoy the needed appliances at home, may resort. Removed from domestic cares and the perplexities of business, with pure air, healthful and regulated diet and exercise, cheerful amusements, agreeable mental occupations, a part of which consists in preparing for and going through with various hydropathic processes—the mind diverted by all these occupations from dwelling

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upon their maladies, patients may be placed in the most favorable circumstances to be benefitted by a well conducted Homœopathic treatment. We must certainly concede many advantages to such establishments. Their Homœopathic conductors generally understand, pretty well, the important part which the mind plays in disease, and happily adapt their appliances to meet the exigency. I must say that some of my Homœopathic brethren have somewhat stronger aquatic propensities than I have, but if I were to commence a professional discipline with them, I should feel bound to extend it to those in the opposite extreme, who deprive their patients of the great advantages of cleanliness and ablutions, so grateful and so beneficial to the sick, and especially to the few in our ranks who seem to labor under a somewhat virulent form of hydrophobia, utterly disallowing the slightest application of water in a great variety of diseases in which experience has proved it highly beneficial, if not essential. But here, also, as Homœopaths, I think we shall be obliged to extend the hand of fellowship to all well-educated men whose therapeutics are governed by the great Homœopathic law.

The exclusively Hydropathic cures, or those under incompetent Homœopathic supervision, we cannot, of course, consistently fellowship or patronize.

The last obstacle to the progress of Homœopathic truth with which I shall trouble you, is the identification of Homœopathy with Hahnemannism. And it is the most formidable which I have encountered, at least so far as the conversion of intelligent Allopaths to our faith is concerned. There are a few in our profession who deem it treason to Homœopathy to dissent from any opinion of Hahnemann, whether relating to matters of fact and observation, or to theory and speculation. If any one teaches a doctrine in Physiology or Pathology differing from the views of Hahnemann on the same subject, he is branded by these non-progressive brethren as no Homœopath. With them Hahnemannism and Homœopathy are synonymous terms. It would imply a reflection upon the intelligence of this body, to make this error a subject of argument. We are all

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perfectly aware that many of Hahnemann's views are untenable in the light of modern science. Since his day, Physiology, Pathology and Diagnosis have almost become new sciences. His theoretical deductions were based upon the physiological and pathological doctrines of that period; many of which we all know to be untenable in the present advanced state of these sciences. It is impossible that any well informed Physiologist and Pathologist of the present day should not dissent from many of his views and explanations of facts and phenomena. It is unfortunate that we have among us, as well as in the Old School, a few with some pretensions, but with very incompetent knowledge of these modern sciences, and who are simply blind Hahnemannians. With them, this is being the only true Homœopaths in the profession. It is a matter for sincere congratulation that our school of medicine are agreed on all the great *truths* and fundamental *doctrines* taught by the great founder of our school. Such an agreement is more than can be credited to any other school of medicine in regard to any one great principle. But it is unfortunate that, in the minds of some of our own school, and in the minds of very many of the Old School, all the untenable theoretical notions of Hahnemann should have come to be considered necessary and inseparable portions of Homœopathy. Many an intelligent medical inquirer, on reading some of the works of the great master, has thrown the subject aside and employed himself in ridiculing the theoretical errors of their author, as inseparable portions of Homœopathy. In numerous instances, intelligent Allopaths have ceased their investigations at these stumbling blocks, and have only resumed them on being fully instructed in the fact, that the theories of Hahnemann based on the imperfect physiological knowledge of that period, constituted no part of the Homœopathic creed—that Homœopathy consists in great facts and principles, and not in any theoretical explanations of them. What constitutes the burden of the arguments against us by our Allopathic opponents? Why, ridicule of the obsolete theoretical explanations

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of the great and undeniable facts, truths and principles of Homœopathy advanced by Hahnemann during some period of his life, and not arguments against the principles themselves. And when they have proved these explanations erroneous, they think they have disproved the truth of Homœopathy. Let it be universally and distinctly understood, that the facts and principles proved by Hahnemann, and not his theoretical explanations of them, constitute Homoeopathy, and that, consequently, the war now waged is mainly a war upon shadows, and the most formidable obstacle to the progress of our system among well educated medical men, will have been removed.

We have now hinted, and we had time only to hint, at some of the chief obstacles to the more rapid diffusion of our principles and practice. And what is the practical conclusion to be drawn from this hasty review? Why, clearly to my mind, that no one, or all of them combined, are at all appalling or disheartening.

History teaches us that the most learned and conservative bodies may change their opinion. It cites us to the University of Paris. When Des Cartes taught the doctrine of innate ideas, this most learned, most authoritative and most conservative body in the world, charged him with Atheism, and ordered his book to be burned, Not long after, this same learned body adopted the doctrine of innate ideas burnt by its authority, and furiously charged Locke with materialism and fatalism for opposing it. We see, even now, with all the obstacles in our way, strong indications of such a change in the medical world. Notwithstanding the efforts to exclude the light from medical students, according to the best information I have been able to obtain, about one in twenty of the graduates from all the Medical Colleges of the country are Homeopaths in conviction when they receive their diplomas. About an equal proportion become so within the first two years afterwards. If there are fifteen hundred graduates annually, then one hundred and fifty are furnished to fill our ranks. Add to this the large recruits we are constantly receiving from the

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older members of the profession who have learned, from experience, the worse than uselessness of the fashionable "destructive art of healing," and the number educated within ourselves, and we see in all these rapidly increasing numbers, something more than the shadow of a coming event. We are already realizing, at a much earlier period than could be reasonably anticipated, the general prophecy of history, embodied by the poet, that

"Truth crush'd to earth, shall rise again,
The eternal years of God are hers;
While Error, wounded, writhes in pain,
And dies amidst her worshippers."

Professional conservatism has already been demonstrated to be anything but invincible. Our system, in its practical working, has manifested a marvellous power of aggression and conviction. With all the disadvantages under which it has labored, it presents an apparent exception to the whole tenor of history. What other radically revolutionary doctrine in science—a doctrine palpably in opposition to and subversive of the long cherished and settled convictions of a great and learned profession, and of the world, has ever achieved so great and wide-spread a triumph in so brief a period?

Present indications are sufficiently unmistakable to enable the dullest intellect to anticipate the result, and fully to justify us in predicting it.

When we get the little differences among ourselves on minor points removed, or attach to them only the importance they deserve; when a general and correct understanding is diffused among our Allopathic brethren as to what constitutes the essentials of Homoeopathy; when our Materia Medica shall be scientifically arranged, as it soon will be, and enriched with the provings of the valuable indigenous productions of each country, as it must be; then will our glorious science move on in its beauty, its majesty and its irresistible practical demonstration, conquering and to conquer. The power of the truth embodied in the three words *similia similibus curantur*, is comparable to nothing equally brief, but the words of the

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creative fiat, "Let light be." It is a power sufficient to revolutionize the world. It has already made marvellous progress in this revolution. It has the power to transform a world-wide system of learned empyricism of two thousand years standing, whose track has been, everywhere and always, marked with human wrecks, into a beautiful *science* of healing. The establishment of this one truth is quite sufficient to crown any man with immortality. With this alone for a monument, with all his theoretic errors, which, after all, were the errors of the age, and not of the man, no one need fear for Hahnemann's fame. This is already secured beyond a peradventnre. This one simple but mighty truth shall rear for his monument a "mental pyramid," towering amidst a world's empyricism, on whose indestructible base shall be engraved the immortal words, *similia similibus curantur*, and whose summit shall be crowned with the statue of Hahnemann. "Thrones shall crumble and dynasties be forgotten," and the memory of nations pass away, but that moument shall stand, an object of ever increasing wonder, admiration and reverence, and its immortal author shall gaze complacently down on a world's everlasting homage.

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REPORT ON THE REPETITION OF MEDICINES.

BY WM. E. PAYNE, M. D.

To the American Institute of Homœopathy:

GENTLEMEN:—In reporting on the "Repetition and Alternation of Remedies in Homœopathic Practice," in fulfilment of the duty assigned me at our last annual meeting, I shall not attempt a new, or extended consideration of the subject, but simply repeat what I have elsewhere said, touching the same point, and illustrate by a few facts from practical experience.

That the vast phenomenal panorama which is passing before the eye, in all departments of life, is moved by some general law, is a proposition that needs no argumentation to establish in the minds of a scientific body; and that each fact is equally dependent, for its development, on some principle, which under like conditions, will yield, always, similar results, without variation or change, is equally obvious.

The prerequisite to a conception and intelligent understanding of the laws of nature, seems to have been, in the whole course of scientific discoveries, a long period of observation, and the necessary accumulation of many clearly defined and well established facts. Are the above named conditions sufficiently advanced, in the subject under consideration, to enable us to deduce rules of any practical value, or to warrant us in attempting it at all? More than a half century has been devoted to observation, in this field, by men of ability; and a large collection of facts, in the form of reported cases, is at hand.

An understanding of the principles by which the repetition, and alternation of remedies are governed, seems subordinate only to a knowledge of the law which directs our course in the choice of the drug. And with this necessity pressing upon us, and our present store of well-defined facts, we think we are warranted in

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making the attempt to gain a comprehension of the character of these principles and their requirements.

The subject under consideration embodies two distinct propositions, which, though bearing a close relation to each other, must be considered separately, each upon its own ground. At this time I shall consider but one proposition, viz. the *Repetition* of doses; and respectfully ask the Institute to grant another time for the consideration of the second proposition; or, what would suit better, discharge me from an official consideration of the subject at all.

REPETITION.

Hahnemann, who possessed powers of observation rarely equalled in the medical world, and opportunities for their exercise of no ordinary scope, after a highly successful practice of twenty years, thus records in the Organon, his opinion: "*A single dose of a well-chosen homœopathic remedy should be permitted to complete its operation, before a repetition of the same, or the administration of another remedy.*" Hahnemann, it is well known, throughout his long and industrious life, was remarkable as a man of facts, and a close and accurate observer. He did not seek and distort facts, for the purpose of sustaining an hypothesis; but lost no time in publicly correcting his conclusions, whenever he found them to be erroneous by subsequent experience. For example, on this very subject of *repetition*, his earliest published views underwent a modification, and subsequently, by himself, were as publicly corrected. At some period of his practical career, he taught that the same remedy never should be repeated—that a single dose would accomplish all the beneficial effects that the medicine is capable of producing in the specific case; and if anything of the disease remained, after this dose had exhausted its operation, its modified character would require another remedy, the selection of which would be subject to the same conditions as the choice of the first remedy, and so on till the cure was accomplished. But the conclusion, that a remedy should not be repeated as long as there is visible amendment, he never modified; for after a further period of twenty-six years of close and uninterrupted observation, making in all, forty-six years from the commencement of his homœopathic practice, he repeats the

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same doctrine, in his great work on Chronic diseases, with more emphasis, even, than in his Organon. He says:—"*The fundamental rule is this: let the carefully selected homœopathic remedy act, without repetition, as long as there is a visible improvement going on in the system.*" In his further elucidation of the subject, he indicates three mistakes in administering medicines, into which the physician is liable to fall, one of which is the "*too hasty repetition of the dose. This haste,*" he continues "*is highly indiscreet. To give another remedy, or repeat the same, before the former dose has completed its action, would be the height of folly. It will not hasten, but retard the cure. The sure way to hasten the cure, is, to let the medicine act without interruption as long as improvement continues. He who observes this rule, will be the most successful practitioner. Experience is the only arbiter in these matters; and in my own long and extensive practice, it has decided this point beyond the shadow of a doubt.*"

To illustrate his mode of deciding this question of *Repetition*, he gives us the following case from practice. "*On one occasion,*" he says, "*I gave Sepia against a chronic headache, which came on at intervals. Under its influence, the attacks became less frequent and less severe. A second dose arrested the headache for one hundred days, from which I inferred that the medicine acted for this length of time. At the end of the one hundred days another slight attack occurred, when a third dose of the same remedy was given, and it is now seven years since the headache completely disappeared.*" Who will undertake to say that Hahnemann's *inference*, in this case at least, was not legitimate? This mode of investigation has received the sanction of every intelligent and scientific mind, since the time of Bacon. It opens the only true path, by which the human mind can arrive at a knowledge of principles. That a medicine should not be repeated, after its operation has commenced, till the dose already taken has completed its action, is then, the ultimate conclusion of a man, after a life-long practice, the acuteness and accuracy of whose recorded observations are unsurpassed.

In support of Hahnemann's conclusion, were it necessary, I could adduce my own individual experience of seventeen years. I can affirm that the most prompt and satisfactory cures that have

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ever occurred in the course of my practice, were made by following, rigidly, this "*fundamental rule*," laid down by Hahnemann. The following cases may illustrate this point.

A sailor, of foreign birth, aged about twenty-five years, came under my treatment in the spring of 1848. He had been invalid for about two years. Previous to this time, though hereditarily predisposed to asthma, his health was good. After long and violent running, he was seized with difficult breathing, straightness across the breast, wheezing respiration as in asthma, and cough. These symptoms continued without interruption, but were generally aggravated by colds. When preparing for sea he took a severe cold, which brought on hoarseness, with cough and expectoration, and aggravation of the difficult breathing. Nevertheless, prompted by hope of beneficial influence from sea air, he undertook a voyage to Russia. But the anticipated relief was not realized to any considerable extent. He returned to his home but little, if any, improved. After exposure, by which he became wet, he was seized with chills; pain in the head and back; high fever; thirst; cough and difficult breathing much increased; stitching pains in the left side, extending through to the shoulder blade, and aggravated by cough and deep inspiration; cough frequent and especially harassing at night; expectoration, in a few days, became abundant and pus-like, bloody, greenish-yellow and offensive; night sweats; loss of appetite, and rapid emaciation; flushed cheeks in the afternoon with chilliness; pulse rapid; breathing short, out of breath at every movement; palms of hands and soles of feet hot; and occasional diarrhea. The respiratory murmur in upper portion of left lung was diminished, with a mucus rattle, which extended to the lower part of the lung. Several days elapsed after the disease assumed this aggravated form, before I was consulted. This however, was the condition in which I found him. Few, if any, of his friends entertained the most remote idea of his recovery. The case did seem discouraging, indeed. If it was still within the reach of medicine, nothing was more evident than that the aim must be exact—no time could be lost in misdirected efforts. I prescribed *sach. lact*, and betook myself to the study of the case. I could find no drug that covered the symtoms so well as *calc. carb.* This medicine has—

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tightness of the chest; dyspnœa and asthmatic breathing; shortness of breath, increased by moving; cuttings and stitchings in the left chest; cough, worse at night, with yellowish, bloody and fetid expectoration; exhausting night sweats; afternoon and evening chilliness, with evening fever; burning in the palms of hands and soles of feet; loss of appetite, with emaciation and diarrhea. These symptoms exhibit a tolerably accurate picture of the disease, as it was at my first visit. The physical signs in the pathogenesis of this drug, are of course wanting. I decided then, to give *calc. carb.*, of which I gave a single dose of the thirtieth attenuation, succeeded by the daily use of *sach. lact.*, simply. In twenty-four hours a degree of quietness pervaded the system, not experienced for many weeks. From this time amendment began, and gradually progressed. The cough became less harassing and less painful; expectoration diminished, and assumed more and more of the ordinary mucus character; fever and night sweats lessened: the short and anxious respiration, also, perceptibly mended, and the mucus rattle was much less apparent; so that at the end of three weeks a decided improvement had taken place, obvious to the most superficial observer. At this period, the improvement began to be less marked, and at length ceased. A second dose of *calc. carb.* was now given. Again amendment was resumed, and went on without interruption, to a final and complete restoration, which was accomplished in about three months from my first prescription. The patient became robust, resumed his sea-faring life, attained to the command of a ship, and enjoyed uninterrupted good health until the time of his decease, which occurred last season on ship-board, by yellow fever contracted in a southern port.

Two children, sisters, one seven and the other ten years of age, contracted *itch.* On one, it appeared first between the fingers, on the wrists, in the bends of the joints, &c., in the form of *scabies vesicularis*, and maintained this character throughout. The itching was intolerable, especially at night; smarting and burning, which was increased, but changed to a soreness, by scratching. On the other, though at first *vesicular*, it soon passed into the *pustular* form. The pustules were large, filled with yellow matter, extremely sore to the touch, itching, exhibited an ulcerative tendency, and were reproduced as often as the existing

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pustules manifested a healing tendency. The hands and feet (even the palms and soles,) were more particularly implicated, and, at length, became so sore that the child could neither feed herself nor walk.

The first case was cured with *sulphur*, which was selected in consequence of the almost unendurable burning of the affected parts, which became sore by scratching without relief from the intolerable itching. The 3d and 30th attenuations were used in repeated doses, about seven days distant. For a period of more than six months, the pustular case was on my hands, during which time I gave merc. sol. 3d and 30th., sulph., sepia, caust., lycop., veratr., and many other drugs, in various attenuations, from the first to the thirtieth, and repeated at varied intervals; but all without the least apparent effect. In despair, I concluded to try the high attenuations, so called, but with scarcely a hope of success. In my renewed attempt, I selected merc. sol., because in the pathogenesis of this drug we find "itching pustules on the upper and lower extremeties, presenting an ulcerative tendency. New pustules appear, as the old ones scab." Of this drug, I gave one dose of the 1000th attenuation, followed by *sach. lact.* Within forty-eight hours improvement was apparent; the itching and soreness lessened, and no new pustules appeared. Amendment went on, and at the expiration of about ten days, the pustules had nearly healed. At this stage improvement ceased. A second dose of the same medicine, and the same attenuation, completed the cure in about three weeks from the administration of the first dose.

Ten years subsequent to this period, another family, consisting of the mother and five children, came into my hands for treatment of the same disease. The mother, and three of the children, had *scabies vesicularis*, and the remaining two children *scabies pustulosa*, presenting the peculiarities indicated in the above mentioned case. Those presenting the vesicular form were cured with the tincture and 30th attenuation of sulphur, repeated about every seventh day. For awhile the two pustular cases were treated, first with *sulphur*, then *causticum*, and then with *lycopodium*, but without any apparent benefit. The disease gained ground, and at length became so bad, especially on the hands, that they could not be used.. I then gave to each child, *merc.*

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sol. 1000, as in the first mentioned case, repeated in about ten days, in consequence of the subsidence of improvement, and in about three weeks no trace of the disease was apparent, except the purple spots which indicated where the pustules had been.

A lady, on the fifth day after her second parturition, took cold by a sudden check of perspiration. Twenty-four hours after the first symptoms, I found her with stupefying headache, worst in the forehead and temples, increased by rising and noise; great thirst for cold water; pulse frequent and full; general and profuse perspiration; pain in the back and limbs; loss of appetite; tongue thickly coated; great sensitiveness in the left mammary gland. Considering the peculiar relation sustained by *dulcamara* to the first effects following the sudden arrest of the transpiratory process, and the unmistakable image of the present disease in the pathogenesis of this drug, viz. stupefying headache, worse when rising; violent desire for cold drinks; general and profuse perspiration; pain in the loins, and in both the upper and lower limbs, and want of appetite, I selected *dulcamara*, of which I gave a dose of the 3d attenuation. At the expiration of three hours there was slight improvement. For three hours more, the medicine was allowed to act without interruption; but for the last two, improvement was not perceptible. *Dulc.* 3*d.* was now repeated, and the cure again advanced, till, at the end of twenty-four hours, all the symptoms had disappeared, except the soreness of the mammary gland, which *dulc.* would not remove; but after a single dose of *Bry.* 3*d.* this symptom immediately disappeared. It is proper to add, I find, in my record of the case, this latter symptom noted, as having existed two days prior to the transpiratory arrest and consequent accession of the *Dulcamara* group; and therefore in conformity with the law of *similars*, this symptom could not be touched by this drug, but required its appropriate remedy (*Bry.*) which has a remarkable influence, as is well known, over the swelling and soreness of the mammary glands, consequent upon the turgescence and distension which precede and follow the establishment of lactation.

Mrs. G., during an influenza epidemic, was seized with chills; sneezing; fluent coryza, excoriating the nostrils, with watery discharge from the eyes; voice nasal; headache in the forehead and

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over the eyes; pain in the limbs, as if in the bones, with soreness and feeling as if bruised; stitchings in the muscles; aching and soreness of the larynx; redness and swelling of the tonsils, with painful soreness in swallowing; paroted glands tender to touch; cough and expectoration of hard tenacious and greenish mucus, of sweetish taste, with burning and crowded feeling in the chest. The above group of symptoms is very accurately represented by *merc. viv.*, as we may see in analyzing the case and studying the symptoms of the drug. The fluent coryza; watery discharge from the eyes; aching and soreness of the larynx; redness and inflammation of the fauces; cough with expectoration; burning in the chest, &c., seem to point to the mucus membrane as their seat; and this abnormal condition, finds a counterpart in the following recorded symptoms of *merc. viv.*, viz., corroding, watery, flowing catarrh; burning and tickling in the larynx; inflammation of the throat and fauces; burning in the chest, and cough with expectoration. The swelling and inflammation of the tonsils and tenderness of the parotids, point to the glandular system, and are represented in the pathogenesis of *merc. viv.* by the following symptoms: inflammation of the tonsils; inflammation and swelling of the submaxillary glands; swelling of the glands of the throat, &c., The pain in the forehead above the eyes, and stitching in the muscles, together with the chilliness, all of which seem to result from an affection of the nerve mass, find a *similis* in the pressing headache, particularly in the forehead and over the eyes, the stinging pains in various parts of the body, and much chilliness and shivering, which are the recorded effects of *merc. viv.* The bruised feeling in the limbs, indicative of a muscular affection, and pain as if in the bones, which points to an affection of the osseous tissue, we find represented in: great soreness of the entire body and painfulness of all the bones. Thus we find all the symptoms, and the several conditions, which go to make up this case, fully represented in *mercurius vivus*; and in accordance with the law of similars, this drug was selected, and administered in the 3d trituration. Under the influence of one powder improvement began and continued for twenty-four hours. For the first eighteen hours amendment was rapid, but slow during the last six. A second powder was now given, which completed the cure in seventy-two hours from the

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first prescription, except a sensation of debility, which soon passed away.

A female of sedentary habits, and in the sixth month of pregnancy, had leucorrhea of a greenish-yellow color, increased by exercise and mental excitement; general lassitude; lower limbs very weak; nausea, nevertheless voracious appetite; desire for acids; after every meal a sensation as of a heavy body in the stomach, with hiccough; great depression of spirits; discouragement, everything appears burthensome to her. These were the leading features of the case, and we find them well represented in the pathogenesis of *Sepia*. Besides sustaining a special relation to the ailments of pregnancy, this drug has:—leucorrhea of a greenish yellow or greenish red color, worse in the day time; great weakness of the lower limbs; great general weariness, obliging to lie down; nausea; ravenous hunger, excessive appetite; desire for vinegar; hard pressure in the pit of the stomach, as if from a stone, worse after eating bread; hiccough after a meal; sadness, weeps frequently; discouragement and aversion to work. From the similarity of the drug power to the disease, as manifested in the above symptoms, *Sepia* was selected, and administered in the 30th attenuation. A convalescent condition immediately ensued as was evident, first in the ameliorated mental state; second, in the lassitude; third, in the gastric derangement; and lastly in the leucorrheal discharge. At the end of three weeks, in consequence of the cessation of improvement, another dose was given, which completed the cure.

Another female, in consequence of delayed menses, from which she feared pregnancy, took a decoction of *Tanacetum vulgare*, This brought on violent uterine cramps, with hæmorrhage of coagula, accompanied by fainting turns and vomiting. The hæmorrhage continued for four weeks, during which time and the subsequent three weeks, she was under allopathic treatment. In the seventh week of the disease I was consulted, and noted the following symptoms; vomiting every night during the past week, first of a greenish color, but now just what she drinks; vomiting of the *Ascarus lumbricoides;* diarrhea for the six past days; evacuations small, yellowish and offensive, with tenesmus; thin, watery discharge from the vagina; darting pains in the ovarian regions; urinary tenesmus, with scanty and difficult discharge;

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heat in the stomach; sensation as of a hard body in the stomach; pain in the knee and foot of the left side, on the subsidence of which the foot and leg became swollen, and pain of the same character appeared in the opposite limb, followed by a similar swelling; burning in the palms of the hands and soles of the feet; much emaciation; face pale, sunken, and circumscribed redness of both cheeks in the afternoon; mouth dry, with spitting of frothy saliva; tongue coated on the sides, but smooth and red in the middle; pulse 117 per minute and thready; sleepless; skin hot; respiration short and anxious; pulsations in the head; great desire for food; dreams of eating, but all food distresses her; depressed; anxious; fears fatal consequences. I was ten miles from home, and consequently was obliged to rely for the present prescription, upon my recollections of the Materia Medica. Two symtoms, of the number above recorded, determined my choice viz., vomiting of lumbrici, and uterine hæmorrhage. A similar pathological condition, as indicated by these symptoms, is produced by *Cina.* I therefore made a kind of off-hand prescription of the 3d attenuation of this drug, one dose to be followed by *sach. lact.* at intervals of six hours, till further directed. My wishes were realized in the result. Amendment ensued, and went on without interruption, for two weeks. Now, though vastly improved, but little, if any change, could be perceived from day to day. I repeated the *Cina* without further effect. I find, in my notes of the case, the fact stated that the remaining symptoms indicated *Pulsatilla;* but what those symptoms were, is not stated, and I have lost the recollection of them. I however gave *Puls.* 3d., one dose, and, without repetition, the cure was completed.

It would be interesting, were we able, in this case, to distinguish and group the symptoms controlled by *cina*, and those controlled by *puls.* There can be but little doubt that most of the symptoms resulted from the toxic operation of *tanacetum;* and these seemed to be promptly and effectually removed by *cina;* but after *cina* ceased to act, there remained a small number of symptoms which did not come within the sphere of this drug, but were represented and effectually controlled by *pulsatilla.* In view of these facts, the question arises, was the operation of *cina* simply antidotal? and did those symptoms which required *pulsatilla*,

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have their origin in a different pathological condition of the system? We think these questions are susceptible of an intelligible and satisfactory answer. Their discussion, however, belongs, more properly, to another part of our subject, to which we refer them.

A man of forty years had been afflicted for three days with *enuresis*. The urine was scanty, and when voided, a smarting, burning feeling was felt at the left of the urethra, near the end of the penis, and an aching, tired sensation in the loins, increased by standing and walking. For these symptoms, he took *cantharis* in repeated doses, but with no perceptible effect. The urinary desire became more frequent, the aching and weariness in the loins increased, with at length a constricted feeling in the left lumbar region, extending into the abdomen. Hoping to obtain some relief by rest in a horizontal position, he retired at an earlier hour than usual, and after a time, fell into an unquiet sleep, from which, however, he soon awoke in great anguish. He could neither lie, sit or stand erect, but moved about the room continually in a bent posture. There was a violently constricted sensation in the left lumbar region, extending into the hypogastrium, as if the bowels were drawn backwards towards the spine; suppression of urine; disposition to faint; hurried breathing, and sweat of anguish over the whole body. He took *tinct. of anconite* in repeated doses, and failing of relief, he took *arsenicum*, 1 and 30, with no better result. This, doubtless, was an affection of the left kidney; but whether of the parenchyma, the mucus membrane of the pelvis, or of the capsule, is not, to my mind, sufficiently evident to enable me to present a reliable diagnosis. But we find a counterpart of these symptoms, in the pathogenesis of *terebinthina*, viz: aching pain in the left kidney, pain in the loins, in the region of the kidneys, extending to the hypogastrium; drawing aching pains in the small of the back; sensation as if the bowels toward the spinal marrow were constricted; enuresis; burning in the urethra during micturition; diminished urine; complete suppression of urine; fainting; nausea and vomiting of yellow bile. These drug symptoms corresponded so nearly with the symptoms in the case, and the peculiar relation that the *terebinthina* sustains to the urinary organs, as shown in the fact that when introduced into the system in

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appreciable quantities, it immediately appears in the urine, decided me to give this drug, of which I put two drops of the first decimal attenuation into half a tumbler of water, and gave a single spoonful. In less than five minutes, a peculiar glow pervaded the whole system, and the constricted feeling had so far lessened that the patient, now, for the first time, could sit down. He reclined upon the bed, and in ten minutes was in a quiet sleep, which lasted for about one hour, from which he awoke almost wholly relieved. He now retired for the night, slept well, arose in the morning and voided urine with perfect ease, and unattended by the unpleasant symptoms of the three previous days. The urine, however, was scanty, not half the usual quantity, but the relief which the passage afforded indicated that the discharge was entire—that no more urine had been secreted. This scantiness of urine, confirmed the opinion, that the absence of discharge was dependent on a suppressed secretion, and not on retention. At the end of two days, a feeling of soreness remained in the region of the kidney, the urine was still scanty, but was voided with freedom and entire relief, and there was a sensation of weakness of the left side, extending into the thigh and leg. another spoonful was now given, which rapidly removed the soreness and restored the urinary secretion; but a weaknes of the side remained for several days, which, however, passed off without further medication.

The above cases, selected for variety rather than for anything peculiar in their character, serve to show the point aimed at, namely: that medicines are more certain in their consequences, and their ultimate results are more speedily accomplished, if, when homœopathetically applied, each dose, after its therapeutic operations are established, is allowed to continue its action, undisturbed by repetition, or the administration of another drug, as long as improvement is obvious. They were taken from among those in my practice, to which I recur with most satisfaction; and my endeavor is to keep such results and their conditions before me as monitors in the trying cases which often present themselves in the course of my professional duties; for, despite my convictions to the contrary, the anxiety and haste of the patient, and the apprehension that my remedy may not be well chosen, which is prompted by the slow, or may be doubtful improve-

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ment, sometimes betrays me into a frequent repetition of the dose, or a hasty change of the remedy.

This rule, never to repeat as long as improvement is obvious, is not inconsistent with the fact that, in many acute diseases, a frequent repetition of the dose is imperative. It is rational that the frequency of the repetition must depend upon the nature of the disease, and the character of the drug employed. Generally, an intense disease demands that the dose should be frequently repeated, until the organism is so far relieved as to give the vital powers a positive ascendency.

The rapid changes and alternations going on in the vital organism, under the persistent influence of disease, and the reactive force of the organism, may receive some illustration, at least, proximately, by the movement of the electric pendulum. It is known that the vibrations of the electric pendulum increase in frequency just in proportion to the increased accumulation of fluid; and conversely, that they diminish as the fluid diminishes in the surcharged body. This comparison will enable us to conceive that an intense disease may cause such rapid changes and alternations, as to demand a repetition every few moments, as is the case in Asiatic cholera. But even here, we shall find the rule no less important; for, after every dose of the true remedy, an amelioration of the excessive anguish, though it may be of momentary duration only, will be obvious to every careful observer, the subsidence of which should be the signal for a new dose.

We may illustrate further the repetition of doses, and perhaps as far as inanimate things can illustrate animate, by the example of the electric conductors. By scientific experimentation, it is ascertained that an electrified cloud may be gradually and silently discharged, by means of certain agents, peculiar in their character and preparation, called metallic conductors; and that in all cases, the number of conducting agents necessary to effect the end and insure safety, must be in proportion to the electric intensity—that a single point will do something, and is in many cases sufficient; but in other instances, where the electric accumulation is great, more points become necessary, and must be multiplied just in the ratio, (subject to certain well defined conditions)

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of the increase of the electric fluid. This is the law. Then, as in the case of an electrified cloud, one or more points are necessary to abstract the superabundant and rapidly accumulating fluid in order to prevent the serious consequences of an explosive discharge; so the diseased system demands one or more doses, subject always to the law of repetition, to relieve the organism of the overpowering weight of disease. As each point is a hand stretched forward to catch the fluid, and disarm the cloud of its destructive power, so, by analogy, each attenuated dose of medicine is a point projected forwards or inwards towards the disease, by which it is controlled and, at length, subdued. So far the analogy holds good; and, we believe, its extent and completeness will be more clearly comprehended, when the *modus operandi* of medicines is more fully understood. That medicines stand, in relation to disease, as conductors, is a problem, the affirmative of which might be maintained, we think, with plausible argumentation; but as the discussion does not come legitimately within the limits of our subject, we pass it by. Whether this question proves true or not, at this point, inasmuch as we have a vital organism for the subject, we step beyond the bounds of inanimate nature, and the analogy does not follow us. The clouds, the points, and the electric agency belong exclusively to the inanimate world, and are subjects of its laws—they are merely passive agents, which act only as they are acted upon. But the animal body is possessed of a life power, which reacts against all external impressions. These external impressive agencies serve as *stimuli;* and, to a definite extent, and under peculiar circumstances, are necessary to the maintenance of health, and of life even; but beyond this, they are generators of disease, and the allies of death.

It is known that a feebly electrified cloud may be discharged as well by many points as by few. No serious consequences nor defeat, can result from a superabundance, for there is no vitality to react, no power to resist, on the part of the fluid, but it passively leaves the cloud by way of the pointed conductors, and equilibrium is restored. In disease, under analogous circumstances, a corresponding superabundance of doses may not prove equally harmless; for the human body, as was above said, in virtue of its animatory principle, tends to resist all extraneous influences; and

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though, to a certain extent, such external impressions are needful to the maintenance of health, and the quiet and steady removal of disease, yet more than enough to accomplish the legitimate end becomes a source of abnormal irritation, which the vital organism is in continual effort to throw off.

Thus we may be able to see, though the disease may be removed, ultimately, by the medicine unnecessarily repeated, the recuperative powers of the system may become crippled thereby —the disease complicating by the addition of medicinal symptoms—the struggle prolonged, and doubtless, in many instances, the cure defeated, when the drug, in reality, is well chosen.

I am aware, the idea that injurious consequences can arise from frequent repetitions during treatment, by complicating the disease with medicinal symptoms, is regarded by a portion of the profession, at least, with incredulity. But that attenuated drugs do affect the vital organism pathogenetically, as well as curatively, is a fact of every day observation. Every prover of much experience, has been made conscious of this in his own person; and many of our most valuable provings have resulted from the employment of attenuated drugs. In the course of my limited provings, I have been myself painfully affected by the 3d attenuation, and have seen decided effects from the 30th. If, then, the vital organism, in a state of health, can be disturbed by attenuated drugs, why not with as much certainty in disease? And further, every drug, not homœopathic in its relation, attacks some new point in the organism, and develops to a greater or less extent, its pathogenitic consequences. In such instances, we have medicinal symptoms of another class, which must, it seems to us, complicate the natural disease, and consequently render the diagnosis doubtful and the treatment difficult.

Our conclusion, then, is, drawn from reason, and confirmed by experience, that no remedy, if its most direct and speedy therapeutic effects would be secured, should be repeated as long as improvement is obvious.

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REPORT OF THE

CENTRAL BUREAU ON MATERIA MEDICA.

The Bureau instructed to report on the Present State of the Materia Medica, and the Best Methods for its Improvement, respectfully report:

That, owing partly to the residence of its members in different and distant localities, they have not been able, by an interchange of views, to arrive at any unanimous conclusion in regard to all the details which it might be desirable to embrace, in considering the extensive and important subjects assigned to them by the Institute. Under these circumstances, and in the hope of eliciting additional light from other members of the Committee and of the Society, they ask leave to present for the consideration of the Institute, and in relation to two branches of the above mentioned topic, reports prepared by individual members of the committee. These reports are not designed to be antagonistic, but complementary; one relating to the collection of materials, the other to their classification. The necessity for this division of labor, at least as a preliminary step, is scarcely to be regretted, as it has some advantages in matters of science, and is in accordance with the usage of scientific bodies: these generally receive their papers from individuals, either as voluntary contributions, or as reports of committees respectively consisting of one member.

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THE PRESENT STATE OF THE HOMŒOPATHIC MATERIA MEDICA, WITH A PLAN FOR ITS IMPROVEMENT.

BY J. P. DAKE, M. D.

I. PROVERS.

1. In the requirements of Medical art, the *law* by which the remedy is chosen occupies a place no higher or more important than *a correct knowledge of the means* whence that remedy must be taken.

This proposition at first view may seem extravagant, especially to those who have fully realized the value of a therapeutic law. But a little unfolding of the facts which have led us to such a conclusion, will satisfy every intelligent member of the profession of its truthfulness.

The *law*, acknowledged by us, commands the practitioner to select that remedy, for sufferings in a given case, which is capable of producing similar sufferings in the healthy; or in words more satisfactory to the pathologist, to select that agent which is known to act upon the same parts, and in a *similar manner*.

This command imposes the labor of a comparison between the disease on the one hand, and the pathogenesis of medicine on the other. The disease is present, revealing itself through symptoms which the practitioner may scan to the extent of his abilities. But not so the pathogenesis of medicines. Looking upon a drug ever so long, or testing its qualities by the sense of touch, taste or smell ever so carefully, he cannot read its pathogenetic character.

This lies within and beyond the ken of common observation. Still he cannot proceed without it; for a comparison between the symptoms of the disease, and some medicinal powers he may by *inference* or *analogy* attribute to certain drugs, will not answer the terms of the *law*. As soon might he expect an artist to paint a correct likeness of his face by looking at his *feet*, or at his *brother's* face, as to expect success with remedies chosen upon such a comparison.

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Acknowledging the universality of the principle expressed in the terms "similia similibus curantur," and knowing thus the relation that must invariably subsist between disease and its remedy, it follows, that in order to practice, he must necessarily gather a correct knowledge of the pathogenetic nature and power of medicinal means.

Without this knowledge he must effectually repudiate the *law*—and what is a law worth to him who repudiates it?

2. The only correct method of learning the pathogenetic character of drugs is by their trial upon the healthy.

This method, even in the days of Empiricism, and in the schools of Theoretical medicine, has been acknowledged as a good one, if not the best. Yet, till the time of Hahnemann it was never followed, with any practical success. Though ships existed, and the watery paths of the Atlantic, and men thought and talked of land beyond, and of sailing to it, yet none ventured his bark till Columbus had made his voyage. Considering it a superfluous work to exhibit proofs of the necessity as well as superiority of the "healthy vital test," and without pausing to claim for Hahnemann the exclusive patent for its discovery; we put forth another proposition that may seem yet more startling than our first: viz:

3. That *neither by Hahnemann or his followers has this method ever been faithfully carried out, in the formation of a Materia Medica.*

The homœopathic *law*, as already stated, commands the practitioner always to prescribe a remedy which he *knows* to be capable of producing, in the healthy human organism, symptoms or conditions similar to those presented by the disease.

a. His duty being first to learn how various medicinal means uniformly affect the conditions of *man* as to health, the reasons for selecting as a proving apparatus an organism of the *human* species, are obvious.

b. His duty being further, to learn which effects thus produced are *positive* and *uniform*, the reasons for selecting a *healthy* human organism are also obvious.

With these two conditions, Hahnemann and his followers have, in the main, complied. But we go a step further, and say that

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it is not only necessary that the apparatus for the trial of medicinal means be *human* and in *health*, but also ——

c. That it be in circumstances favorable to the *action* of pathogenetic forces, and the clear exhibition of the *signs* of such action.

By the term circumstances, we refer not simply to the dietetic or other habitual practices of provers, but also to their mental and manual exercises, and to influences generally overlooked, which may be counteracting and controlling. Notwithstanding Hahnemann and his followers have endeavored to observe this third condition, and have used much care in directing the practices of provers in regard to diet, and many other things, yet it is a fact, that a great part of their provings have been made in the persons of *practicing physicians.*

We may as well state at once, that we do not consider physicians, engaged in the active duties of professional life as *fit provers* of medicines.

But looking farther, we find another very important condition, viz:

d. That provers of medicines must be possessed of so much knowledge of Anatomy, Physiology and Pathology as will enable them clearly to observe and note every departure from health.

e. It is also necessary that the provers, be they two or half a score, should be under the immediate direction and watch-care of one competent person, and in use of a common standard of anatomical regions and terms.

Since the errors in our provings have in a great measure arisen from the non-observance of the conditions which we have designated as (*c.*) (*d.*) and (*e.*,) we purpose, first, to show how indispensably necessary they are in making correct provings.

c. Take first the physician—see him roused midway in his needed slumbers, and compelled to go forth in storm or cold; or see him in the sick-room inhaling air loaded with the miasma of measles, scarlatina or small-pox, one breath of which will infect the strongest man, if he has not already been their subject directly or by prophylaxis; or see him passing a whole day without tasting food, or a whole night without sleep; or see him weighed down with care and anxiety for lives trembling in the balance, yet committed to his skill; or again in his office, breathing

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the invisible atoms that escape from the bottles he uncorks or medicates afresh—and then say, if you can, that he is a proper person to prove on himself the 30th, 10th, 3d, or even the first attenuation of medicines!

If he experiences a sensation of "chilliness", or has "dry or fluent coryza," or "soreness of throat," or "head-ache," or "hunger," or "empty eructations," or "sleepiness," or "mental languor," or "depression of spirits," or other sufferings, how, we ask, can he tell, whether to attribute them altogether, partly or not at all, to the drug he may be proving?

There may be men—and Hahnemann, if any, was such—who are able to discriminate, and to assign, almost as by intuition, each effect to its appropriate cause. But it seems evident to us, that the closest observers would find, at least, as much difficulty in determining the character and power of a medicince on trial under such circumstances, as do practitioners of the old schools in ciphering out exactly what credit is due to each item in a prescription composed of a dozen different drugs. No one knows better how to condemn such mixed and indiscriminate forces than Hahnemann, who used to call the old prescriptions "the compound fabrics of common doctors."

It may be said that Hahnemann and those engaged with him in proving medicines, were not in active practice, and subjected to all the disturbances which we have named. This is doubtless true, and leads us to rely with more confidence upon the results of their labor.

d. Take now the laymen who have been induced to assist in proving medicines, and who have no special knowledge of Anatomy, Physiology or Pathology.

Look over their records, and see how indefinitely or falsely the symptoms are named or located. You see "pain in the small of the back"—which should be "dull aching pain," or "lancinating pain in the lumbar or sacral region." You see "pain in the right side," which should be, "pain in the right axillary," or "hepatic" or "the right abdominal," or "right iliac region."

You see "pain below the stomach;" "tearing pain in the humerus;" "bleeding of the teeth;" blisters on the tip of the feet;" et cetera.

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Do you tell us, that these are very *innocent* mistakes and have no weight against the reliability of their provings? Then we will ask you to look a little farther, and see the following boldly written in their record of symptoms—"humming and buzzing in the legs," "rumbling in the bend of the left elbow;" "grunting in the abdomen;" "groaning sensation in the forearm;" et cetera! We assert without fear of contradiction, that such symptoms, standing as they do apparently on a level with all others in our Materia Medica, are not only useless, but positively injurious.

e. Take again six or eight provers, scattered over various parts of the country or world, making upon themselves a trial of the same medicine. Suppose five of the number experience "a severe cutting pain in the hepatic or right hypochondriac region." One expresses it properly; one writes "sharp pain in the right side," another "acute pain along the lower edge of the ribs," another "severe pain between the right hip and breast," while the fifth says "painful sensation under the ribs of the right side." When their reports come in to head-quarters, and the compiler for the press sits down to arrange the symptoms under the ordinary head, he is compelled to give each of these five a distinct place. Thus from not being in one locality, and under one competent director who could ask each to define his or her expression of a symptom, and for the want of a standard in the hands of each which distinctly maps out the regions of the body, we must have these vague and comparatively worthless expressions, stretched out at full length in our Materia Medica, instead of *one correct and highly valuable symptom touching the liver.*

When we look over the provings that constitute our Materia Medica, we are not surprised that intelligent people, coming upon such nonsense, and being not yet acquainted with the real merits of our system, should laugh and turn away as from the words of an overgrown simpleton. And yet these blemishes, occurring as they do in nearly every one of our provings are not *necessary* evils. Did we believe they were *unavoidable*, we should endeavor meekly to put up with them as we would with a *blear eye* or *pug nose*, which though not comely are yet to be borne without reproach. But the defects which we have been pointing out are

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not so unavoidable. They all come through disqualifying circumstances, or special ignorance of the human system, on the part of provers.

We are told that physicians in active, general practice are the very persons to prove medicines—that to get correct pathogenetic knowledge, we must let the medicine act amid the tumult of life and business.

This is a strange doctrine to us. If drugs were articles possessed of *sense* and needed *discipline*, we could readily assent to such a theory.

But since we merely wish to learn, over what organs or tissues of the body, or what faculties of the mind they have influence, and exactly what that influence is in nature and degree, we cannot conceive how we would be aided by the tumult and excitement of busy life. On the other hand, we can readily see how the voice of the medicine would thus be stifled, and its finer accents entirely lost.

If the observation of drug diseases can be effected better under such circumstances, then we assert without fear of successful contradiction, that a clearer view of a case of disease, say insanity, typhoid fever or phthisis pulmonalis, could be obtained by an examination of the patient in a modern Railroad Depot, or in a "boiler manufactory," or in *bedlam* itself, than in the quietude of a private chamber.

We wish it distinctly understood, that we do not advocate the removal of a prover from all exercise or contact with the world; but simply that his avocations should be such as not to subject him to influences able directly to alter his condition as to health.

We are met with another remark—that laymen unacquainted with anatomy, and physiology and pathology are the very persons to serve as provers, since their reports are simple and free from the influence of theories, preconceived or founded upon fancies.

There is much plausibility in this remark, and it would have weight had we not before us a huge pile of errors committed by such devotees to Homœopathic science—a pile far outweighing all the considerations in their favor. But we wish it distinctly understood, that we are not contending for the dismissal of *lay provers*, but only that they shall possess some *positive*, not

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theoretical knowledge concerning the apparatus or organism employed in making the provings.

Again we are told, that it is better for provers to be scattered abroad, and without a common standard of anatomical names and localities, in order that there be manifest in their reports, no collusion or influence from one upon another, or high-sounding phraseology.

In this saying also, there would be force were we proposing to bring a company of deceitful or simple minded provers together, to build up a temple of pathogenesis; and that without the aid of a competent director.

Give us the "five words spoken with the understanding," which may "teach others also," in preference to the "ten thousand words in an unknown tongue." We will trust ourselves to the honesty and ability of a dozen provers, selected by a competent director, and kept under his eye, and consider our chances for correct information a thousand fold better than they could be were we to depend upon four times that number, selected properly by no one, scattered about in various places, and whose disjointed, dissimilar and unmeaning expressions would shame the jargon of Babel itself.

II. PROVINGS.

Thus far the proofs of our proposition, (3,) have been drawn from a view of the requirements of the law simila in the case of individual provers. We now come to speak of provers collectively, or rather of *provings in the aggregate.*

a. The range of pathogenetic observation should be equal to that of morlific. It is not sufficient that in some bolder outlines the image of the medicinal power be similar to that presented by the disease; but there must also be resemblance in the finer features and complexion. Deservedly condemned by Hahnemann, has been the choice of remedies, simply upon their emetic, cathartic or diuretic likeness to disease. Considering the innumerable ailments of the human system, manifested by innumerable symptoms, some grave, some slight—some objective, some subjective—some pathognomonic and some common, where shall we set the limits to our observation of medicinal effects or symptoms?

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If we propose to find in our museum of artificial affections an image resembling each of those ailments, we must of necessity have a great multitude and variety of them.

b. Each human ailment coming before us has its idiopathic character, and its pathognomonic as well as its common symptoms; just as every face has, besides the features common to all faces, certain distinguishing characteristics as to form, complexion, wrinkles, moles, et cetera.

Now, as the most difficult yet necessary part of the artist's work is to represent the *distinguishing characteristics* of the face, so in the selection of a remedy, it is the most difficult yet indispensable duty of the physician, to see that it resembles in its idiopathic character through its pathognomonic symptoms, the disease to be cured.

It becomes necessary, then, in the proving of medicines, to ascertain not merely, *how many* symptoms occur, and *what* they are; but also which of them are *pathognomonic.*

This point can be reached only by a proving of the same article by a number of persons, male and female. A symptom that occurs in but one prover out of ten is of no value, except it occur to that person in several successive trials—then it must be noted as one arising from some idiosyncracy, and not as a uniform effect of the medicine. A symptom, on the other hand, that occurs in nine out of the ten provers, we may set down as chief or *pathognomonic.* Taking these facts as premises, we draw the conclusion, that in selecting a remedy under the law similia, it is of primary importance to choose that which in its *chief* effects resembles most nearly the disease to be cured. The labor of the practitioner would be less, and his success more certain, because directed with greater scientific precision, had the provings made by Hahnemann and his followers been so conducted and reported as to show the *comparative value* of symptoms. We wish not to be misunderstood—we do not advocate the overlooking of the minor symptoms. These we prize much but the others *more.*

c. Every pathogenetic, like every morbific, agency, impresses a certain tissue, organ or apparatus, from which its effects proceed in due order, both as to time and locality. This being the case, it is necessary that the likeness between the natural and the

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induced disease be traced back to the beginning of each, that the law similia be fully satisfied in practice.

But how is it possible thus to trace the likeness, if the symptoms have been so recorded that you cannot tell which occurred first in point of time? It is important to make this distinction, because it leads us to the starting point, and puts us on the right track, which otherwise we might not easily find; and because it enables us to determine the proper use of a medicine, in the proving of which we find symptoms apparently contradictory. For example—we find recorded in the pathogenesis of an article—"profuse flow of urine," and soon after "scanty flow of urine."

We are totally at a loss to decide whether the remedy is indicated in "enuresis," or in "dyisury." But if in the record we are informed that the *profuse flow preceded the scanty flow*, we readily determine that the remedy is indicated in *enuresis*, or in dyisury *preceded by enuresis.*

d. After provings have been correctly made, they must be properly arranged for publication, and a place in the Materia Medica.

This arrangement must not only show the order, and comparative value of symptoms, but it must also exhibit the pure pathogenesis, distinct from the effects witnessed in cases of poisoning, or in the sick.

The reports of Toxicology are good and confirmatory; but they should have their own place; so also are clinical observations valuable and confirmatory; but they too must have their place.

Neither should in any instance be mingled with the pure pathogenesis, so that we may not tell "which is which."

As orthodox christians, we will allow a man to publish an edition of the Bible, with corresponding testimony from ancient historians or modern scholars, together with his own practical observations *put along the margin;* but we will not allow such testimony and observations to be mingled with the sacred text. So in the Materia Medica; while we may allow and even wish for, the views and clinical experience of able observers, we most solemnly protest against such being commingled with the more certain text of Nature's Bible.

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III. COMPILATIONS.

We will close our proofs of the 3d proposition with a hasty review of the Homœopathic Materia Medica, as hitherto made up.

"JAHR'S NEW MANUAL."

a. We find the articles therein set forth, simply named, without any description whatever of their botanical, chemical, or more common characteristics. It may be said, that such descriptions are more properly afforded in a book styled the Pharmacopœa, and that they could in no way have bearing upon the pathogenesis.

We are ready to admit that such descriptions do not add to the length or breadth of the pathogenesis; but we contend that they would afford security against mistakes, which may occur as to the *identity* of articles. For example—if Hahnemann had given such an account of the article which he proved and placed in the Materia Medica Pura, under the name *Rhus Radicans*, we should now have no room to doubt as to his proving, whether it was of the poison oak, or the poison ivy; and whether to but one or both of these the symptoms are due, which in the Manual stand recorded under the head *Rhus Toxicodendron.* No Pharmacopœa can reveal to us such secrets, years after the original manuscripts, and even the provers are gone. Let it be a rule, that the pathogenesis of every article shall be preceded by a full description of its physical or more common properties, and there will be no difficulty in determining its identity, even a a thousand years after the prover is gone. We answer again, that such descriptions throw light often, upon portions of the pathogenesis. It is not only interesting but useful, for the practitioner, as he looks upon certain symptoms, to be able, at a glance, to see if they have been produced dynamically, or merely by some chemical, irritating property, that may belong to a whole class of articles, as much as to the one under consideration.

b. We find, also, no account whatever given as to the number of persons engaged in the proving of each article; nor do we see their names.

To us there seems to be a great difference in the reliability and value of a medicine proved by ten persons, and that proved only by one or two; and between that proved by persons of

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good abilities and substantial character, and one proved by weak-minded, imaginative or dishonest persons.

c. We find again, that no mention is made of the *doses* employed in the proving—how *great*, or how *often* repeated.

It certainly is important for us to know, in what quantity the prover took the article, in order to decide the very practical question, as to the proper degree of development to which it should be subjected, in preparing it for use in disease. And knowing how often the dose was repeated, if at all, would assist us in determining if the influence of the article be cumulative or not; and in thus fixing upon the proper intervals for its repetition in practice.

d. We find, preceding the pathogenesis, a great number of "*clinical observations.*" These, if properly made, are of much value; but thus arranged, are as much out of place as the comments of the biblical scholar would be if placed before the *text* under consideration.

We object to such an arrangement, because the student is thereby misled, and made to believe that "clinical observations" are the most important part of the subject. We object also to such an array of arbitrary names, designed to cover a multitude of affections, cured, or supposed to be cured, by each remedy, in the hands of men of various degrees of attainment and character, and of various schools of practice.

We cannot be too cautious in receiving the testimony of empiricism, more politely termed *experience*, which in every age has been the prolific mother of quackery. All the clinical observations we need, are those of our wisest and most truthful practitioners; those who are not always, pen in hand, ready upon the recovery of every patient, to write—"infallibly cured by one dose of Nux Vomica"—"permanently relieved by Belladonna 2000th," et cetera.

A few cases given by reliable men, at the close of the pathogenesis would be of value.

e. We observe in the pathogenesis, or what is put down *as the pathogenesis*, some symptoms gathered from the *common practice*, some from the records of *Toxicology*, some from the Homœopathic *sick-room*, and some, we doubt not, from the *imaginations* of men.

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Instead of *pure pathogenesis*, we find a mass, like heaps of earth, in which there is gold, and silver, and sand all mixed together. Even the lines of demarcation, in some instances, made by the provers are gone, and without re-testing, we cannot distinguish the gold from the silver, or the sand.

So palpable a violation of the conditions upon which the Homœopathic law requires its Materia Medica to be built, needs no farther comment from us.

f. In looking over the symptoms as they stand recorded, we observe some so indefinitely or illy expressed as to be useless, and others so dogmatical as to be simply ridiculous.

One prover, unacquainted with anatomical phraseology, having a "burning sensation in the epigastric region" writes"—heat in the pit of the stomach;" another having the same sensation, writes—"burning below the breast-bone;" another—"sensation of heat between the stomach and liver;" while a fourth dogmatically dashes down—"Duodenitis" Other illustrations of these defects we gave in Chap. II. Sections, (*d*,) and (*e*.)

g. We find, also, no distinction whatever, made between the symptoms that occurred in but *one* prover, and those that occurred in each of *ten*. Hence we cannot determine their comparative value—which are *pathognomonic*, and which are only the exhibition of an *idiosyncracy* in an *individual* prover.

He who prescribes always upon the face of the symptoms, is liable to rest his choice upon some of the latter, as soon as the former.

And he who endeavors through the symptoms to settle his views of the pathology of the case, and then through the pathogenesis, the pathology of the medicinal disease, will often find his undertaking, especially the latter part of it, entirely fruitless.

The only remedy set forth in Jahr's Manual, which exhibits the *comparative value* of symptoms, is *Rhus Radicans*, proved under the Direction of Dr. Joslin of New York.

h. We find no distinction whatever made between symptoms, as to their succession either in point of time or place. Some of the evils arising from this error we have pointed out in Chap. II., Section, (*c*.)

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In closing what we have to say concerning Jahr's Manual, we remark that Hahnemann, and many of his ablest followers were engaged in making the provings therein set forth.

Inasmuch as our present task is to show wherein they failed to carry out the "healthy vital test," in the construction of a Materia Medica, we shall not pause to ascribe to them the credit due for their self-sacrificing and invaluable labors.

"HOMŒOPATHIC PROVINGS."—This volume is composed of provings collected and published by Dr. Metcalf, in 1853. Some of the medicines presented here, had already been introduced into our Materia Medica; but here they are more fully exhibited both by farther proving, and by a greater collection of observations concerning their powers and uses. Much labor and learning was evidently expended upon some of them, and as a result we behold as full an array of testimony as to what they have been *known to effect in the sick-room*, as we could desire. But in the matter of *proving*—in the array of testimony as to what they have effected upon the *well*, and therefore what they *may* effect in the sick, we find them rather deficient. There are, however, some striking features in nearly all, which we cannot pass over in silence. One is, that each article is first described botanically or chemically, and in respect to its more common properties; and another, that, distinct from its pathogenesis, are given its effects on men and animals, so far as afforded by old writers, together with its empirical and theoretical uses. Another important feature is, that the symptoms given by each prover are put by themselves, so that by a diligent comparison, we may, in a measure, determine the value of each symptom.

"MURE'S MATERIA MEDICA."—This little volume appeared in our language in 1854. In justice to our professional character, we must say, that in this collection, there are articles presented as medicines, which we do not honor. We are at a loss to understand, why Dr. Mure should have turned from the rich botanical and mineral resources of Brazil, to prepare and prove such detestable articles as the "*Louse*," "Guano," the "Saliva of the Toad," and the no less outlandish "Diseased Potatoe," "Skin of the Deer with the hair on," et cetera.

Besides the bad taste evinced in the selection of his articles for proving, the Doctor has omitted telling us generally, if they

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had been used in the common practice, or had been at all mentioned by previous writers.

He has given us no information as to the particular quantity, or attenuation of each article used in the proving; nor has he told us whether all the symptoms recorded were the results of one or several doses. Other defects we observe, such as belong to the present loose methods of proving medicines, and such as we have already pointed out in other connections. Dr. Mure, however, is an ardent, industrious Homœopathist, and among the fruits of his labor, we find much that is valuable.

"TESTE'S MATERIA MEDICA."—This volume was not designed to present new remedies, or old ones newly proved. Therefore, its pathogenesis is not materially different from that presented in Jahr's Manual.

The attempt to make an abstract—to bring from a dozen wide pages the *most valuable portions*, is in our opinion, a work beyond the present advantages of any man.

The chief object of Dr. Teste seemed to be a classification of the articles in our Materia Medica.

This, too, must be a fruitless undertaking, till more reliable and complete provings are made. In collecting the observations of old writers, and thus throwing light upon our pathogenesis, the Doctor has performed a good work, for which he is deserving the thanks of the profession.

"THE AMERICAN PROVERS UNION."—This organization, as its name indicates, has been established for the special purpose of improving our Materia Medica. At its head are men of the widest experience in drug-proving, and its rules for the direction of provers, are unsurpassed by any heretofore adopted.

As yet only two medicines proved by this society have reached the public—*Ferrum Metallicum* and *Mercurius Iodatus.*

Though connected with this society, and therefore, in a measure, responsible for its publications, we acknowledge that in the provings of these two articles, appear nearly every defect which we have named, as belonging to Jahr's Manual.

Who can peruse the publication referred to, and say that the requirements of the Homœopathic law in the formation of a Materia Medica, are faithfully observed?

"THE NEW MATERIA MEDICA."—This work, issued as an appendix to the North American Journal of Homœopathy, promises

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to surpass any one of the kind ever published. From what we have seen, we believe it will present our Materia Medica as clearly as the present state of our provings will allow, and save our practitioners the trouble of wading through Pereira, Orfila, Frank's Magazine, et cetera, in addition to the huge volumes of Jahr, in order to gain a knowledge of drugs.

Such a work, based upon more reliable information gained by "the healthy vital test," would be yet more valuable.

CONCLUSION.

We have not attempted to notice all the provings, or every work on Materia Medica, known in our Homœopathic literature; but simply enough of the best of such, to illustrate our third proposition, and to fulfil the objects of this report.

PLAN FOR THE IMPROVEMENT OF THE HOMŒOPATHIC MATERIA MEDICA.

The imperfections of our Materia Medica, are apparent to all who ever search its ponderous volumes for information. Yet, every attempt to do away with these imperfections, or any considerable part of them has proved abortive.

Transposing symptoms, adding clinical observations, and grouping remedies, have each and all failed to produce a Materia Medica, at all calculated to satisfy the demands of the law *similia*. And why have the labors of able men thus so signally failed?

Because they have been confined to the simple task of lopping off branches, found to be fruitless, and of grafting on, here and there, one supposed to be good.

The hard and rocky soil in which the tree is growing, is not replaced by better; nor is the worm that gnaws at the root removed. The attempts at improvement have been mostly superficial, and not fundamental. The grand error has not been in ability, disposition or application, but in *method*.

It matters not what may be the qualifications of those who attempt to produce a Materia Medica Pura, if they do not in their provings, pursue a course calculated to give correct and full information, as to the pathogenetic character and power of each medicine, and if, in their publication of each pathogenesis, they

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disconnect natural groups of symptoms, and fail to exhibit the succession and comparative value of each, their undertaking must always fall short of full success.

The results of our provings as represented in Jahr's Manual, and the other works which we have noticed, have led us to look for some better method of experimentation. We have come upon the question involuntary—is it possible that the beneficent Creator has established and revealed to us a general law in therapeutics, and yet denied to us the knowledge of medicines which shall enable us to observe that law in practice?

Fully persuaded that the gaining of pathogenetic knowledge, through trials of medicines upon the healthy, is possible, and that it has not yet furnished a satisfactory Materia Medica, we venture to propose a plan which will render the undertaking more successful. The remarks which we have already made upon the defect in our provings, have shadowed forth the plan for their improvement, which we have in mind.

We propose a *College, to be established for the special purpose of cultivating the Materia Medica.*

Without attempting to give the details of such an institution, we remark, that it should be favorably located for health, have a President fully qualified for observing, and noting correctly, and a class of provers, at least ten in number, part of whom should be females.

The President should have one competent female assistant, and others necessary in making pharmaceutical preparations, copying papers, et cetera.

There should be one session of the College in each year, of not more than six months, at the opening of which, the President should give a thorough course of instruction upon Topographical Anatomy, and the proper methods of observing and noting symptoms; and during the session he should lecture upon various topics connected with the study of medicine.

The class of provers should be selected by the President, upon a faithful examination as to their physical, mental and moral qualifications; and they should each be furnished with a Topographical Anatomical Atlas, and other conveniences wherewith to observe and note correctly.

Each prover after taking from the hand of the President a dose of the article to be tested, should be subject to his rules,

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and to close observation by him, or his assistants, that they may take note as far as possible of all objective symptoms; and once in every twenty-four hours, each prover should lay before the President his or her record of symptoms, with such explanations as may be demanded; which explanations should be properly noted on a margin of the record left for the purpose.

The length of time employed in the proving of each article, as well as the attenuation and size of dose to be used and the intervals between doses, if more than one is to be given, should all be determined by the President and his advisers.

After the close of the session in the College, the balance of the year should be used by the President and his assistants, in comparing the records, arranging symptoms under appropriate heads, collecting toxicological and clinical observations, and publishing all, in two volumes, one containing the symptoms arranged, and the other the complete records of the provers with the explanatory notes of the President.

In the volume of arranged symptoms, or provings, no symptom should appear, which is not found in the record of more than one prover; and each of the other symptoms should be so marked as to show in the record of how many provers it occurred.

In the volume of records, each proving should, among other things, be preceeded by an account of the age, sex and peculiar characteristics of the author.

For further accounts of what the Materia Medica produced upon our plan would be, we refer to the conditions of the law similia, which we pointed out in our review of the present Homœopathic Provings, confidently asserting that it would, so far as human labor can make it possible, fulfill each and every one of those conditions.

It is now more than two years since this plan suggested itself to us, and since we gave a sketch of it at a meeting of the American Provers' Union.

We have reflected much upon the subject since, and, both at home in practice, and in the lecture-room, striving to teach the Materia Medica, we have been able to see no other method of ever gaining correct pathogenetic knowledge, and of building up a Materia Medica, that shall be in keeping with our great

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therapeutic law, and with the advanced state of the experimental sciences generally.

When we have before us a *clear* and *undoubted* pathogenesis, he who would prescribe upon the face of symptoms, or in the language of Hahnemann, upon their *totality*, may do so *safely*; and he who would generalize, and seek a *pathological* basis for his prescription can be more *successful* than hitherto.

We know that our plan is one that requires much time, and labor, and means.

But where and when has there ever been an object pertaining to human welfare in this life, of greater and more pressing importance?

Millions of dollars are every year expended, and thousands of men employed in simply teaching what has long been known to the world, and what concerns only the pecuniary interests of our race.

Is it possible, then, that benefactions would be withheld from an undertaking, that is to bring knowledge out of darkness, and send health and life where disease and death prevail!

The money expended in building and maintaining one ship-of-war in the American Navy, would establish and maintain such an institution as we propose, and allow the gratuitous distribution of its volumes produced to every Homœopathic physician on the continent.

The money expended in building up, and sustaining Union College, or Harvard University, would do the same.

Upon our plan, at least four remedies could be proved, and given to the world each year.

In ten years forty remedies would be at our command. With these forty, we would not hesitate to promise suffering humanity more relief than can be afforded with the whole present Materia Medica of the world.

We bestow all thanks and praise upon Hahnemann, and his noble followers, who have furnished us with the pathogenetic knowledge we already possess, and with which we have done much to alleviate human suffering; but at the same time we look forward to something better.

We conclude by adding, that if the law similia is to be our guide in medical practice, and if upon it, we would build up a

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system worthy the name of a *science;* or if health and life are objects worth an effort to *save*, then is it worth our time, our labor, and our money, to gather the *means* wherewith at once to accomplish both.

DR. B. F. JOSLIN'S REPORT, ON THE ARRANGEMENT OF THE MATERIA MEDICA.

The medical materials obtained by provings, should be published with reference to two general objects, viz: as data for generalization, and as guides in practice. The medical philosopher, and the medical practitioner should both be accommodated. Both require all the symptoms; the former in the chronological order of their development, the latter in an order convenient for reference. Both cannot have every desirable facility by the use of any single arrangement; and neither can reasonably demand incompatible advantages.

The practitioner should not complain, that Hahnemann has given him an arrangement in which the symptoms are separated from some of their concomitants; for every Homœopathic physician can perceive, that to some arrangement differing from that of the provers, he is indebted for the power of practicing at all, in the limited time which can be devoted to his several cases. He may require, not only the Materia Medica, in the form given it by Hahnemann, and substantially adopted by Jahr, but also one in the form of a Repertory. At other times, he may, to a limited extent, avail himself of the able but partial generalizations of Doctors Teste and Kaspar, without considering them as authoritative as the Materia Medica proper. For practice, some arrangement or classification is indispensable; several are useful.

We see no reason for believing, that the advantages of an arrangement of symptoms are overbalanced by the partial sacrifice of the order in which they occurred, or that the entire order of development is of more consequence than all other characteristics combined, or that without exhibiting it, the Materia Medica is comparatively worthless. This view in the homœopathic school would have a suicidal tendency, weakening the evidences of the truth of that law on which Homœopathy stands. It seems to us premature, to attach supreme importance to this knowledge

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of the whole order of symptoms, or actions, in obedience to a mere hypothesis, before experience has demonstrated such identity, in any strict sense, in any two provers of any one medicine. Evidence vastly stronger would be necessary to justify the rejection of arrangement as a practical measure.

Yet, in the investigation of the laws of pathogenesis, the medical philosopher could derive important aid from the primary records of provings, exhibiting the various combinations and orders in which the symptoms were developed in different individuals, and in the same individual at different times. He may, with reason regret, that all the materials for such an extensive and expensive publication are not extant; but cannot justly complain, that they were first presented to the public in a condensed and classified form, adequate to the means of the prover, and the demands of the age. When Hahnemann had collected materials sufficient for the verification of his grand therapeutic law, and the equipment of his disciples for the two-fold combat against disease and scepticism, he gave, to an unappreciating world, the results of his labors, in a form best adapted for these purposes. Would it have been wise to postpone the inauguration of the New Medical Dispensation, till he could more fully provide for the wants of an unborn generation of philosophers? There was not then a sufficient respect, or demand for the records, to justify their publication. If there is now, it would be desirable to publish the symptoms of each future prover, with the order of their occurrence and other details.

There is, however, no reason for believing, that the advantages of an arrangement of symptoms, are more than balanced by the partial sacrifice of their natural order; or that the entire order of development is of more consequence than all other characteristics combined. Who shall say that the requirements of the law are broader than its foundation, and cannot be at all complied with, except in the use of observations entirely different from those by which it was discovered, and an arrangement entirely different from that by which it has been verified?

Having considered the necessity, and the possibility of practicing Homœopathy without the original records, we shall, after

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stating a few preliminary principles, allude to some classifications which have been proposed or adopted.

There are two distinct kinds of classification; the first consisting in an arrangement of the simple facts observed; the second presenting generalizations. The two should be kept in separate volumes, or at least, distinct sections.

There are some conditions, to which, in our opinion, the primary classification should conform: First, it should embrace nothing but the direct results of observation: Secondly, it should admit all true symptoms, without requiring them to present a ticket of admission from any pathological or pathogenetic hypothesis. If no scientific arrangement will conform to these conditions, then give us at least one that is unscientific. Facts must not at the outset be sacrificed to theories, nor a comprehensive classification be abandoned for others less general and more hypothetical. There should be preserved one general reservoir, into the different compartments of which the provings may flow, without corruption, and from which both the medical practitioner and the medical philosopher may draw with safety, and the former with convenience.

The question here is not in regard to the original purity of these waters, but to their subsequent adulteration; for, knowing that another member of the Bureau is to report on the making of provings, we confine ourselves to their *arrangement.* It is, however, within our province to add, that some classifications may re-act unfavorably upon the provers themselves, and should, for this additional reason, be rejected. We would reject any basis of arrangement, which biases the prover, or endangers his stating more than he knows; for example, locating a sensation in a particular organ or tissue, when all he knows is, that the sensation is in or near the same *region.*

According to the above principles, what should be the primary, comprehensive and relatively pure reservoir?

We can conceive of three distinct anatomical arrangements, each independent of both the others; namely, the first based on *general* anatomy, or that of the tissues, the second on *special* anatomy, or that of the organs; and the third on *topographical* anatomy, or that of the regions,

One *obstacle to the tissue basis,* is the difficulty of determining

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the tissue in which the symptom exists. Most symptoms are sensations: though these have their actual seat in the brain, the language of cautious and reliable observation is necessarily phenomenal, and can only refer them to certain localities, and in most instances to uncertain depths below the surface. You may safely pronounce them to be in the nerves of some tissue or tissues; but in what, or whether in more than one, is a mystery which the senses alone are incapable of revealing. You must either invoke analogy or reject the symptom. In this dilemma, you compare the sensations with others, which you have had some reason, more or less, to refer to a certain texture, and infer that the textures are probably identical. Now, the classification of sensations is extremely defective; and you will have observed in your practice, that in a large majority of instances, your patient can approximate, if at all, very imperfectly to the character of his pain. In whatever way you attempt to determine the seat of the sensation, in making a proving, you abandon the ground of pure observation, and, by the introduction of uncertain and hypothetical data, incur the risk of corrupting the waters of truth at the fountain.

Suppose the advocate for a tissue basis to take the other horn of the dilemma, and reject all subjective phenomena, all mere sensations, and limit his Materia Medica to superficial symptoms, including secretions, and post mortem appearances. The first embrace too small a portion of the body, the last too small a portion of the disease—strictly speaking, no part at all, but only something left behind its posterior extremity. There is no need of alluding to the other disadvantages, of substituting pathological anatomy for the Hahnemannian pathogenesis.

We presume not to fix any limits to the generalization of medicinal properties, and the classification of medicines themselves. There, if anywhere, are the hopes of those who are meditating deeply on the homœopathic uses of general anatomy to be realized, and not in the part which the latter is destined to play in a primary arrangement. To this we consider it ill-adapted.

To the selection of *special anatomy*, that of the organs and apparatus, there are similar but less serious objections; as a general basis, this would necessitate the exclusion of many symptoms, or the indulgence in hypotheses, more or less plausible, in

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regard to the identification of the organ affected. The difficulty, however, is not so general as in the tissue basis. Thus in several instances, the symptoms of an apparatus performing certain functions, and those of an organ performing certain actions, are grouped together in one of the divisions or subdivisions of the present Materia Medica. This plan has practical advantages, and confers on a portion of the prevalent arrangement a physiological, and consequently a scientific character. With suitable limitations, this method can be retained without sacrificing strictness.

Topographical anatomy, that of the *Regions*, is not, as a basis of arrangement, obnoxious to the same objections as either of the preceding. There is seldom any difficulty in determining the particular superficial locality, at or under which a local sensation is manifested. It is a matter of pure observation, involving no hypothesis, and no induction. It is knowledge without science, and therefore more reliable than pseudo-science without positive knowledge.

Experience, in the application of the law of cure, demonstrates, that exact locality is one of the most valuable characteristics of a symptom. The nature of the sensation is generally less valuable as a therapeutic indication; which fact alone affords a sufficient reason for rejecting it as the most prominent principle of classification. Anatomy, physiology and pathology, in their present state, explain but a small part of the influence of exact locality.

In this connexion we suggest, that the minuteness of localization might be increased in the Materia Medica, and the latter be rendered more scientific, if educated provers would oftener employ, for reference, the thousands of known points of organs externally palpable. Instead of rejecting the principle of locality, we would apply it more perfectly; by this means its advantages will be more apparent.

In most of our Materia Medicas, especially the larger editions, convenience of reference requires a more extensive application of the principle of locality, by *subdividing* the longer paragraphs, in accordance with the natural subdivisions of the regions. For example, instead of a paragraph extending through a closely printed page or two, and devoted to the inferior extremities, we

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would prefer paragraphs corresponding respectively to hips, thighs, knees, legs and feet. These divisions might be more or less numerous, according to the number of symptoms. For the accommodation of symptoms of greater local extent, we would interpose in the requisite place another paragraph, for embracing such as are common to the anatomical sudivision immediately preceding, and one or more succeeding ones. This interpolation would be made to preserve, as far as possible, a regular progression through the regions. The first subdivision would contain the symptoms common to the whole limb. In the concluding paragraph of the section, we would place the concomitants observed in other regions of the body. The object of this whole plan of subdivision would be, to facilitate reference. At present, much time is sacrificed in exploring long paragraphs in search of symptoms. This is especially felt in the translation of the Symptomen Codex, where the transition from one subdivision to another is not often marked, even by the character of the topography.

In Jahr's untranslated German volumes of the Symptomen Codex, the Repertory, we would prefer a regional subdivision. That portion of the chapters, which corresponds to his smaller repertory, and in which the symptoms pertaining to a great region are arranged alphabetically throughout the whole, we would subdivide, in accordance with smaller regions. As patients seldom mistake the locality of a sensation, the practitioner in searching for a symptom, would by a topographical subdivision, be more likely to proceed at once in the right direction. The above remarks apply to chapters admitting of anatomical division. The improvement could be best made by Jahr himself, to whose judgment, industry and adherence to homœopathic principles, in the composition of practical works, the new school is more indebted than to any living writer.

Dr. Dudgeon, in his Cabinet Cyclopædia, has the requisite divisions; and we need only refer to a consequent practical difference between his "Analysis," and Jahr's Repertories. In the first, you can find directly a given pain of a certain part of the head; in the repertory of the Symptomen Codex, only with inconvenience; in that of the Manual, not at all.*

* Yet, we estimate no practical book in the same compass, more highly than this Manual.

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In the "Analysis" or repertory of Dudgeon, the internal arrangement of each section on concomitants, with the exception of a few accidental transpositions, is the usual regional one, and therefore perfect in its plan. In the other sections, the ultimate subdivisions, the characters and conditions of symptoms, cannot all be arranged on philosophic or physiological principles; and where they can be and are, the principle adopted is not always sufficiently obvious for rapidity of reference. We consider a philosophical arrangement less convenient for the practitioner than an alphabetical one, unless he can readily and clearly perceive the chain of connexion as it exists in the mind of the writer. We suggest that this difficulty might be in part obviated by an explanatory preface, and much more by sub-sections, embracing such symptoms as from their analogies admit of collection into groups, with a title over each. Those sensations and conditions which rebelled against such colligation, might be collected at the bottom of the section, in a kind of pandemonium, inscribed miscellaneous, and arranged there among themselves in alphabetical order.

We hope, the able author of the Cabinet Cyclopedia, will be encouraged to extend it through all the regions of the body, if he has time for such an arduous labor.

We have considered the arrangement of different forms of the Materia Medica, with reference to purity and convenience, also to comprehensiveness, so far as it regards individual symptoms.

We will now propose a plan for augmenting its comprehensiveness and copiousness, in regard to groups and consecutive phenomena. We have already suggested a section on complex phenomena, as a concluding section for each anatomical division. This would be an appropriate place for the most important groups of concomitants, arranged in the order of the regions, and for the most characteristic suites of consecutive symptoms, arranged in the order of their time of occurrence. Those groupings and orders of succession observed by more than one prover, are to be regarded as more characteristic. As to orders of occurrence, we would suggest, that, in general, the suites *preceding* the symptom belonging to that section of the Materia Medica on which the arranger is engaged, are of more practical value than those succeeding this symptom. For example, if a physician is searching

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the Materia Medica, to find a remedy for some gastric affection or symptom of his patient, as he knows his patient's *past* symptoms better than he can predict his *future* ones, he desires to find a suite similar to the former. The latter have some subordinate claims, in diseases whose general course can be predicted; but as the extent to which the above principle of arrangement can be applied, must be limited in accordance with the time of the writer, the pecuniary means of the publisher, and the demands of the profession, we have indicated the most important classes of particulars to be embraced. We would aim only at a Materia Medica of convenient extent, as required by the practitioner.

By repetition in various connexions, it would be possible to carry out the above plan to such an extent, as to fill a large volume with the provings of a single medicine. For some purposes such a work would be valuable, especially to those engaged in generalizing.

There are many other points, beside the anatomical relations of the symptoms, and their order of development, which it is necessary to recognize in a Materia Medica, and some of which might be made the basis of an arrangement, more or less comprehensive.. Our limits preclude their consideration. We will barely remark, that distinct sections are founded on time of day, &c., in Bœninghausen's Repertory, the pioneer of Jahr's, and in the recent publication of the Provers' Union, an institution which can avail itself of the genius and labors of Hering and his colleagues, in this meritorious undertaking.

We have finished what we have to say, in regard to the primary and comprehensive reservoir of arranged symptoms, *the* Materia Medica, in the strictest sense; also in regard to repertories, which are on the same plan of simplicity and purity, so far as they present only the simple facts of pathogenesis, (though in a different order and connexion,) without generalizations or theories. Whilst we contend for the perpetual preservation of every fact on this plane, in its simplicity and purity, and believe that for this purpose a regional arrangement must always continue to be preferable to any other, we feel the importance of having superadded to this, derived from, and auxiliary to it, another on a different plane, a

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SECONDARY MATERIA MEDICA.

This may consist of a *system of pathogenetic generalizations.* The desirableness of it may be illustrated by one aspect, in which the only reliable system of medicine presents itself to our mind.

Homœopathy combines a crowning scientific glory, with one practical inconvenience. It has one comprehensive law connected *directly* with the individual facts, but is wanting in a regular progression of laws of subordinate generality, ascending as stepping stones, by the aid of which the scientific enquirer might easily mount up from the facts to the law, and the practitioner descend from the law to its uses. Hence one difficulty in its reception by the former, and its application by the latter.

This gigantic stride of Hahnemann is an anomaly. It is the usual course of discovery to proceed upward through intermediate degrees of generality, toward a law perfectly comprehensive, which if attained, confers a high rank on the science to which it belongs. Compte, a French savan, remarks, "however impossible it may be to reduce the phenomena of the respective sciences to a single law, supreme in each, this should be the aim of philosophers, as it is only the imperfection of our knowledge which prevents it accomplishment. The perfection of a science is in exact proportion to its approach to this consummation; and according to this test, astronomy distances all other sciences." We may add; according to this test, Homœopathy distances all other medical systems.

But in a practical point of view, the very immensity of this upward leap taken by this infant science, leaves an inconvenient distance from the law to the individual facts, and even to the highest subordinate generalizations yet attained. Hence a correct application of the law requires much labor. The principles of so-called physiological medicine, though generally delusive as therapeutic guides, present, for those who have faith in their reliableness, many labor-saving implements. If a homœopathic physician finds the grand law too big an instrument to be conveniently wielded, he may be tempted to borrow the small tools of his allœopathic neighbor. He might be kept at home, if he could find small tools there, adapted to his strength and industry.

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Perhaps some of the philosophic minds of the profession may be able to supply these desiderata. All attempts at this must be consistent with the facts below, and the law above. It would be desirable to exclude everything not based on pathogenesis, and to admit therapeutic evidence only as confirmatory. A Materia Medica constructed on such principles would remain, when all those built on the sliding foundations of pathology had, one after another, passed away into the ocean of oblivion.

The true secondary Materia Medica will be produced by no ordinary amount of labor and skill, and probably after a long succession of approximations, and the temporary introduction of imperfect materials. The lectures of Kaspar, as translated by Dr. Dunham, contain many interesting specimens of generalization.

With provings more numerous than those at present possessed by the homœopathic school, the classifications, both of medicinal properties and of *medicines*, will become more reliable. The latter is the main object of the Materia Medica of Teste, though it contains some suggestions in relation to the former. If modern and future provings published *in extenso*, should exhibit any general order of action of each drug in different individuals, and if clinical experience should demonstrate the supreme importance of an exact agreement between the whole course of the natural, and that of the medicinal disease, then the anticipations of Dr. Teste might be realized: viz., the conversion of the Materia Medica into a true Nosology. We say it might be; for still, a Hercules would have to be invoked; the observations, as he acknowledges, must be "arranged and combined by an experienced nosographist, a generalizing mind, another Hahnemann, provided nature were a little more prodigal of men of such calibre."

The discriminating author of this remark, and of the classification previously alluded to, claims not for his own production, the character of comprehensivenss or durability, nor seems to expect any arrangement of symptoms to supersede entirely that of Hahnemann.

If any one has in his mind a classification radically different from those that have appeared, and feels compelled by a sense of duty, to condemn severely those of Hahnemann, Bœninghausen,

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Jahr, Dudgeon and Teste, we commend for his imitation, the example of all these medical philosophers in giving to the world an actual book, a Materia Medica. The chief duty of man, is not to portray the wrong, but to do the right; not to consume his time in expatiating on what remains to be done, but to perform his part of the work. The exemplification of an improved plan by actually carrying it into operation, would be more benefactive to mankind than the exposure of faults in existing systems, and more conducive to personal improvement in wisdom and charity. In constructing such a work, one would find it easier to recommend labors, than to perform them; to detect errors, than to avoid them; to discover desiderata, than to supply them.

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CARCINOMATOUS TUMORS
OF THE FEMALE BREAST AND AXILLARY GLANDS.

REPORTED BY WM. GALLUPE, M. D., BANGOR, MAINE.

CASE 1st. Mrs. D——, aged 72, of corpulent system—large form—sandy complexion. Tumor of the right breast, first noticed a little more than 4 years since, was then a hard lump, almost as hard as a bone, no pain or tenderness perceptible for nearly two years; it has been gradually increasing in size from my first noticing it.

About two years since, she began to feel some pain in the region of it, and has felt it more or less ever since, worse at times; sometimes a dull hard ache, at others more of a twinging sharp pain or clawing; sometimes but little noticed for a few days, and then more painful, and increasingly so; has been sensitive to the touch or pressure from the clothes, or from handling, for the last twelve months, leaving a tearing sore pain and aching for two or three days at a time.

Pains have been much aggravated by slight colds, wetting feet, or getting heated by fatigue, and the breasts would swell up and be quite tender and sensitive for a while.

Breasts are both quite large and full, size of the tumor or hard part is full that of a good large sized apple. It is very sensitive now, to the least handling or pressure, so much so, that the careful examination of it, to decide of its size, consistence and slight attachment to the pectoral muscles, caused much pain and sensitiveness for 24 hours, and prevented sleep. States that when 16 years old, she had a tumor on the lip, which was called cancerous, with stinging, burning pains. This was cured by the use of Yarrow and Marigold tea, taken freely, and used as a wash for four months or more. Have tried it on this breast, but to no effect,

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When about forty years old, the Thyroid Gland began to swell, and has gradually increased from that time, but slowly. Twelve years since, was much affected with Salt Rheum on the hands, dry chapped state, with deep cracks, with much itching and scratching, very bad during the winter. Had scabies when eighteen years old, and very bad; continued more or less severe for seven years, occasionally troubled with some itching and burning about the system since.

Tumor of the breast has increased much, more painful for the last four months, and increasingly so; for three weeks past has felt its effect over the whole system; restless nights; uneasy, grasping, smarting, twinging and gnawing pains, through the tumor, at times extending to the axillary glands; bowels constipated.

The result of this case was an entire absorption of the tumor, and restoration of health. No traces of its return afterward. Tumor of Thyroid Gland diminished sensibly, so that no inconvenience was felt from it. Sulphur, followed by Carbo Animal, controled the pain, and sensitiveness of the breast, and diminished the size perceptibly, and Calc. Carb. removed the remainder, so that the breast became normal. Medicines used were of the 30th potence, and doses repeated once in three to seven and ten days. A few doses of Nux Vomica 30th was used after Sulphur, to correct the digestive functions, and regulate the bowels.

Case 2nd. Mrs. O——, aged forty-seven, of spare habit, dark complexion—bilious temperament. Hardness of the right breast from the last confinement, five years since; tumor was small for some time, but has gradually increased; more or less painful for the last four years, with decided increase in size, and of pain and soreness for the last six months past; smarting, twinging, burning sensation felt through the tumor. Much affected by colds or fatigue with the arms; is quite hard now, and of bulk ⅔ to ¾ of the size of a large hen's egg. Axillary glands of that side swollen to the size of a walnut, with pain and soreness extending to it from the breast. Is quite easy at times, and then suddenly a twinging, prickling, smarting sensation, and attended with heat. A sensation of crawling at times. Stiff lame feeling of the arm of that side at times—does not bear pressure of clothes or dresses of late—will be sore and painful after it—was quite painful and sore for two

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days, after a careful examination, to decide of its slight adhesions to the pectoral muscles. The father's family have all died of consumption.

This case was effectually cured under the use of Sulphur, Arsenicum, and Calc. Carb. Nux Vomica was used a few times as an intercurrent remedy for relief of digestive organs. Sulphur was used of 30th, 400th—800th and up to 1600th potence, and with decided good effect in controling the pain and soreness, and calming the general system. The other remedies were used of the 30th mostly, a few doses of the higher potences were repeated in from two to five, and seven days. There was entire absorption of the tumors of the breast and axillary glands, with much improvement in general health. Nine years have now elapsed, and no return.

Case 3rd. Mrs. A——, aged fifty-three—of choleric temperament—fair complexion, and light hair. Between four and five years since, noticed a hard bunch, like a hardened ring around the nipple of the left breast. A gradual increase for about two years, and then during the fall, it appeared to flatten down for a while, and gradually to become more hard and unyielding, and then to increase in size. Is now of diameter varying from 1½ to 2½ inches, and with a hardened ring around the nipple. Two months since, noticed a puffing out, near and above the nipple, of a softer tumor—of a reddish shiny appearance—has increased to size of the end of middle finger—no tenderness to handling gently; small tumors in axilla of the size of a chestnut, slightly tender, but quite hard and firm. Tumor of breast is sensitive to pressure or rubbing from dresses; she has avoided handling or rubbing it as much as possible—aching sensations felt through the tumor at times, which has sensibly increased in size, for the last two months, with occasional twinging through it. A feeling of uneasiness about the whole breast, and extending to the axilla.

This case was much improved by Carbo Animal 30th, followed by Conium 30th; a decided diminution of the tumor, and of the pain and tenderness ensued, so as to bear clothes about it comfortably, the protuberance above the nipple diminished, and was more of a dingy redness. Catamenia returned, which had been stopped for five months—much less hardness of the breast—pain ceased, or but very slightly felt, and none of the uneasy aching

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after two months use of the medicine. A general improvement was perceptible and advancing. At length, after three months treatment, from a sudden and severe cold—had a bad cough, and raised some bloody sputa, with oppression of the chest. This frightened the friends, (some of the family having died of consumption,) they sent for their family physician, (living fifty miles from me,) he applied a blister to the chest, and gave some medicine. The tumor soon became irritated, and began to be painful again; there were twinging, shooting pains, tenderness to clothes, increase of size and irritation.

Under the action of Sulph. 30, the pains mitigated much, and followed by Arsen. 30, the breast soon became easy and calm; but they soon returned again, and the breast became irritated. Bell. 30, was then given with marked relief, and Sulph. 30th; but soreness and pain would soon return. The protuberance on the tumor, became red and irritated, the whole became painful and assumed an irritated, angry appearance; with pains extending to the glands in the axilla, which were increasing in size and hardness. The breast was now extirpated of 2½ ounces weight; the glands of the axilla, it was thought advisable, the patient being much fatigued, to leave a while. Under the action of Sulph., Bell. and Silex the breast healed kindly, the axillary glands perceptibly diminishing. Sulph. was used from 300 up to 1600th, and followed by Silex up to 900th, and afterward Calc. Carb. 30th completed the cure. Axillary glands entirely smooth, and patient has enjoyed good health, being now six years since, and no return of the difficulty.

An opinion of this case was expressed a short time previous to the operation, by one who has extirpated a goodly number of that class of tumors of breast and other parts, that it was a cancer of a very malignant form, and as showing a bad aspect; he expressed much doubt, whether an operation would succeed, and thought that the axillary glands must necessarily be removed.

Case 4th. An Ovarian Tumor of twenty-two years standing. Miss T——, aged forty-nine, of nervous, sanguine temperament, light complexion, and of large form. When at the age of thirty years, after enduring much fatigue and anxiety, in attendance during the last sickness of an affectionate brother, a swelling began in the right groin, with much pain at times, increased in size, until nearly to that of a coffee cup, before it was made known

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to her friends. Had suffered much at catamenial turns, from pain and profuse discharges, from the age of fifteen, and from constipated habit. During the second year, was much troubled with spasmodic turns, pain and tenderness about the bowels and regions of the tumor, with a perceptible increase in its size, so as to rise up into the abdomen. During the third year, received an injury of the tumor, from the foot of a child, in sportful play. It soon became very painful, and much distress about the regions of the tumor. Various medicinal means were used with but temporary mitigation, and gradual increase of the tumor. Five years from the commencement of the tumor, went to New York for medical advice and attendance. It was pronounced to be a diseased ovary, by several members of the faculty. While under treatment there, was attacked with erysipelas of the face and head, and suffered severely for six weeks from it. Soon after this, was attacked with severe pain about the region of the tumor, followed by bloating of bowels, and across the back, with much tenderness, drawing and burning pains about the region of the tumor, attended with almost constant nausea, and much vomiting; constipation, which had been much mitigated for a few months, now became troublesome; was very sick for some time, and her life was despaired of by consulting physicians. The right arm and limb became very weak, and has remained so more or less to this time. Suffered much from catamenial turns, by pains and profuse flowing. After a very severe turn, with a free discharge of black, pitchy, fœtid matter, she felt much relief of the tearing pains and drawing about the groin, and region of tumor. Head was very painful about the frontal portions, and eyes much affected, with occasional attacks of sufferings about the chest. Only temporary mitigation afforded by medical aid, with great increase of tumor, and of sufferings from it. This patient had been treated by several eminent physicians, both of the old school and the Homœopathic, previous to my attendance, and with much temporary relief, but the growth of the tumor have been gradually progressing, now of nineteen years standing. During my attendance and occasional prescriptions for 3½ years, much general relief has been afforded by Bell., Sulph., Nux Vomica and Lachesis. Plumbum afforded very slight change; but no apparent arrest of the progress and growth of the tumor.

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It had now arrived to a very large size; extending across the entire abdomen, and from the umbilicus, firmly down to the pubis and Pouparts ligaments. Was quite hard and unyielding to the pressure of the finger over the whole abdomen. Up the left side, and the upper portion of the right side, could press the fingers under its edges, which appeared quite firm, and almost unyielding; but could not at any portion of the lower edge, and such was the pressure and firmness upon the pubic portions, that the patient had not been able to stoop over to pick anything from the floor for about four years. From the general aspect, form and appearance of the abdomen, I should judge that if the tumor could have been dissected out, that it would pretty well fill a ten quart pan. Nothing appeared to benefit, but temporarily, or arrest the growth of this tumor until *Podophyll*; *Peltat*; was used, and this alone arrested its progress, diminished its size more than ⅓, released its attachment to the pubic portion, so that the patient could stoop and pick anything from the floor with ease, induced much pliableness of the edges of the sides, and considerable elasticity over the whole bowels; she could bear pressure over any portions of them quite comfortably, and without unpleasant consequences; whereas for a number of years previously, pain and soreness always ensued, after but moderate pressure, or rubbing these regions. Patient was required to shorten the waist of her dresses, between 3¼ and 4 inches, and the form of the bowels diminished to a very comfortable state; and became quite pliable to pressure. Has been able to walk about, and exercise with comparative ease and comfort, much better than for ten years previous. Catamenial turns closed after about three years; but there was no increase in size or trouble, and she has been comparatively comfortable, as far as the tumor was concerned, since applying the remedy, something more than six years since. The medicine was given in 30th potency and upward—the time of repeating the doses was from three to seven and ten days. A few doses were given lower than 30th, but no perceptible amelioration resulted.

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REPORT ON MECHANICAL MEANS, AS AIDS IN HOMŒOPATHIC PRACTICE.

BY D. M. DAKE, M. D., PITTSBURGH, PA.

MR. PRESIDENT AND GENTLEMEN:

As the report of one of your committee, on "Mechanical Means as Aids in Homœopathic Practice," the following is respectfully submitted for your consideration.

It will be received as undoubted truth, that Homœopathy embraces in the wide range of its therapeutic axiom, the entire of morbid states of the economy, for the cure of which, medication is in any way requisite. And it is no less an accepted truth, that, in very many abnormal states, mechanical means are necessary to the cure, as in the treatment of fractures, and various other traumatic lesions; still it could not have been intended as implied in the language of your appointment, that your committee should travel over the whole field of surgery, nor any considerable part of it, in search of materials from which to construct its report. For it will be perceived at a glance, that, an amount of labor wholly incompatible with the period assigned, would be involved in the undertaking. It seems evident, therefore, that a more limited view of mechanical means must have been contemplated in your appointment; and it becomes the duty of your committee, first of all, to find its field of labor, and objects of search.

In Homœopathic, as in any other practice of the healing art, many of the mechanical means known to surgery become indispensable to success; for instance, all will agree that fractured bones, gaping wounds, and severed arteries can never be treated with the best, or even with tolerable success, without the use of

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splints, bandages, compresses, rollers, sutares, adhesive straps, ligatures, etc.

We may go still further, and agree that there are many other abnormal states of the organism, for the treatment of which, important aid may be derived from mechanical means; such as, hernia, prolapsus uteri, club feet, strictures of the œsophagus, urethra, rectum, etc.

There are some, and perhaps many who go still further, and include spinal curvatures, contractions and distortions of the chest, and very many visceral diseases in the list of affections that may be benefitted by mechanical means.

Passing the long list of mechanical means with regard to the use of which we may very generally agree, your committee look for those, with regard to the utility of which, physicians are found wide apart in their opinions; among which shoulder braces, stays, and the utero-abdominal supporter, appear as the chief objects of attention, and study.

The mind, as it goes out in the pursuit of knowledge, must ever feel the necessity of a firm foundation whereon to stand, and clearly defined points from which to move, in tracing out the indications indelibly written upon the face of *facts*, to those principles of philosophy by which they may, and without which they may not be clearly comprehended by human reason. It is only while investigating isolated truths by this formula, that the mind can feel its security in results of observation and thought. By it, have been established all the fixed sciences on their immovable foundations.

In the exercise of an art, as in the construction of science, we must ever feel the necessity of well defined rules of action, legitimate from the scientific basis upon which the art rests.

In medical practice, no matter to what department of natural forces the attention be directed for therapeutic aid, this truth holds good. We levy our contributions upon the *Materia Medica;* feeling a lack of confidence in our knowledge of its theraputic value, what could inspire us with confidence in our employment of its contained articles?

The relation subsisting between the *Materia Medica*, and the morbid states for which it is curative, must be clearly understood, and, having a well defined rule by which to select and use

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medicines, we travel in light, and every step of our progress is a conscious victory over forces, subversive of health, to which the *Materia Medica* stands opposed.

Levying our contributions upon the mechanical forces, we must feel at every step the necessity of like knowledge of the elements invoked to our aid; we must know the existing relations between the means employed, and the organs, tissues, and functions upon which they are to exert their influence. The modes of action of instruments proposed for use should be well understood, as well the states of the economy to be influenced by them, when, the rule of use being made plain, we walk no more in doubt, but feel our security in the path of knowledge.

Your committee is not aware that any systematic effort has been made by the profession to aggregate and generalize the widely scattered facts upon this subject; nor that any one has investigated fully the modes of action, of the various mechanical means to which our attention is directed.

That stays, braces, and the utero-abdominal supporter are in use, we know, and we know as well that their utility as curative means, has been set forth in no measured times of praise in the columns of nearly every newspaper throughout the land. Side by side with the floating mass of quack nostrums we find them, and it is our business, and the province of science to weigh in the best light afforded, their claims to a better position in the literature of the profession.

We turn to Fitch's lectures, and the writings of other itinerant consumption doctors, but only to be convinced of the poverty of reasoning by which they have given to those instruments their popularity; beyond fulsome laudation, nothing is found by looking in that direction to vindicate their use.

The well digested experience of those of our number who have employed these means would be truly acceptable here, but unhappily for our present purpose, it is withheld; and we turn from the idle quest to those principles of physiology and philosophy, which have a rightful place in the confidence of all, for substantial footing in the pathway before us.

Upon all animated being, has been deeply impressed the law of *activity*, as a requisite to organic development and functional perfection.

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In the light of this fundamental law of life we proceed, and find on our way, every violation followed by a penalty proportioned to the *infringement.* An arm for instance, long confined in a sling, becomes powerless in proportion to the time, and completeness of the rest to which the arm has been subjected; and what is true of a part will be found equally so of the whole system, as with persons long confined to a sedentary life or inactivity.

Again, we find almost innumerable circumstances imperiously demanding the violation of this physiological law, by the physician. In all severe acute diseases, rest or temporary inactivity must be enjoined; necessity demands it, and the compensation fully justifies it.

In the law of *compensation* we find the counterpart of the law of necessity, which demands the infraction, for the time being, of the laws of physiology. Reasoning thence to the inference of rules by which the physician may be guided in his practice in any given case, the law of compensation will be found the guiding rule by which satisfactory conclusions are to be reached.

In the light of this law, no question could arise in the mind of the surgeon, in his treatment of a fractured leg or arm. He would violate the law of activity, prompted by the law of necessity, and find in the compensation full vindication for the infraction. So in the treatment of every important traumatic injury or lesion.

But such are not the abnormal states for the removal of which, the instruments under notice have been recommended, and employed.

With a knowledge of anatomy, physiology, pathologoy, and the instruments employed, we shall be enabled to comprehend the modes of action of any proposed mechanical means of cure—and to judge between any seeming necessity of, and the compensation for, the violation of natural law, necessary to the greatest desirable good from mechanical aids, and accordingly to accept, or reject any proposed means. If the amount of good overbalances the evils attendant upon the use of an instrument, it should be employed, otherwise it should be rejected. Accordingly, mechanical means would be resorted to as aids in the treatment of a fractured clavicle; whilst such means would at once

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be rejected as aids in restoring tone and activity to enfeebled muscles.

Turning to the chest, or thorax, various will be found the states and conditions for which mechanical means have been recommended and employed as curatives. Yet, so far as your committee is aware, no definite lines have been drawn between those morbid states which have, and may, and those which have not been, and may not be benefitted by mechanical means. The indications for their employment are found too loose, and too vague for practical purposes.

We have the assertions of men based upon, what to them, may seem, ample facts, that mechanical means are of vast utility as aids to the cure of many morbid states and conditions of the spine, chest, and chest organs.

But may not the immediate sensations, and evidence of benefit have been, too often, mistaken for real good, in no way sustained by ultimate results? This we know has ever been the case with men who have proceeded in their investigations, as prompted by "the impulses of instinct." Impulses which have ever constituted the main springs to action, and, so to speak, the ruling philosophy of the empirical schools.

It is necessary to consider more than the present seeming good; to comprehend in the view not only the primary, immediate, but secondary, consecutive, and long lasting influences exerted by any proposed means of cure, in order to safe conclusions. In no other way can those principles of philosophy be reached, by which facts and phenomena—met in the path of investigation—may be made intelligible to the observer.

Turn now to the chest—to those abnormal states and conditions for which mechanical means have been proposed as aids to the cure—that the probable therapeutic value of stays, shoulder braces, &c., may be estimated.

In a given case we have a stooping form, curvature of the nails, contracted chest, with *all* the physical and functional signs of predisposition to tubercular phthisis. Let it be assumed as it has been—that the indication of cure is to expand the chest, give ample room for the free action of the lungs, and free circulation to the blood through them.

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For the fulfillment of this indication, let the most approved mechanical means be adjusted; the shoulders drawn back, spine straightened up, and the framework of the chest expanded as far as may be. How, by this procedure, is the ulterior object in the assumed indication of cure to be reached, to wit—the increased capacity of the chest, and freedom of respiration and circulation in the lungs?

Will it be argued that, by this procedure, the organs of respiration and their functions will be improved? Let us see. Let it be assumed that the muscles spread out upon the posterior aspect of the chest, are relaxed, and too much enfeebled to sustain the shoulders, spine and bony framework of the chest insitu. How, by relaxing those muscles still further by the imposition of artificial restraint, may we hope to restore to them their normal power and activity; while it is recollected, that to supersede the natural functions of the muscles must ever tend to weaken and deprive them, still further, of their healthy tone ——? If we turn to the muscles spread out upon the anterior of the chest, as antagonists to those upon the posterior, they will be found tense, under the influence of the instrument, and thereby deprived of their power to act in a normal manner. Thus all the muscles whose functions in chief are to control the movements of the shoulders, scapulæ, erect the spine and aid the function of respiration, are in a great degree thrown out of use, so far at least as to deprive them almost entirely of their power and freedom of motion. Herein consists the violation of physiological law. The penalty is obvious; and where is the compensation? The penalty consists *mainly* in impaired tone of the muscles, automatically placed beyond the control of the will and the instincts; and will correspond to the duration and completeness of rest thus imposed; because it appears evident that, by this procedure, the capacity of the chest, nor the functions of respiration will, to any great extent, be influenced; though as hereafter shown, the impaired tone of the muscles does not constitute the whole penalty of violated law. It may be urged, and perhaps shown, that the capacity of the chest may be increased by well adjusted mechanical appliances, but this would be merely another method of showing that the functions of respiration would thereby be impaired.

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by holding the ribs and sternum in a position, to prevent one half of its process, viz., expiration.

Again it may be argued that, because asthmatics laboring under extreme dispnœa, impulsively grasp at some fixed object, that the shoulders may be made a fixed point, from which extraordinary efforts at respiration may be made, therefore, to fix the shoulders firmly by mechanical means would be but the fulfillment of a natural indication to assist respiration; but the argument finds its refutation in the fact, that acting in obedience to natural impulses, so far from imposing natural restraint upon the muscles and voluntary organs of respiration, would leave them to their freest action under the control of the will and the instincts.

Admit for the argument, that, by well constructed and adjusted mechanical aids extraordinary efforts at respiration may be assisted, how, it may be asked, is the capacity of the chest and lungs thereby to be increased, and the main object reached? It is well known that, by straining or overexerting the organs of respiration, the states of the lungs so much dreaded are too often developed and hastened on, viz.: irritation, inflammation, and finally, suppuration of tubercles before latent.

It is very evident that the capacity of the lungs for air and blood can never exceed that of the chest, but will always be found exactly commensurate with it. In ordinary passive respiration, the working of the diaphragm affords ample capacity for the play of the lungs and functions of the chest organs—and it appears to your committee, that all unusual efforts to expand the chest by mechanical means, or by extraordinary efforts at respiration, must tend to evil results.

Those who have appeared foremost, and loudest in their laudation of these means, have started with the groundless assumption that a curved spine, and contracted, and otherwise deformed chest *cause* the consumption, and many other chest affections; which, being made the predicate of their reasoning, would point to the removal of the cause, as the indication of cure—than which nothing could be more clearly erroneous. It will not, however, be denied that, when there exists a strong predisposition to pulmonary phthisis, where there exist tubercular formations in the lungs; deformities in the bony framework of the

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chest may at times act as an exciting cause of development, or of active disease in them; and such a condition of things might seriously embarrass the cure. But, it must be borne in mind, that the true indication is not only to remove exciting causes, but to eradicate the predisposing cause, not only of tubercles, but of the osseous deformities.

It is well known, that extensive deformities of spine and chest are not always incompatible with good health and longevity; for many have passed on from childhood to reach "their three score years and ten" variously, and exceedingly deformed—yet, free from all pulmonary inconvenience or disease.

On the other hand, many cases have fallen to the notice of your committee, evincing the fearful consequences of efforts to expand the chest by mechanical means, and extraordinary efforts at respiration, by the use of inhaling tubes, as employed by *itinerant* "*Consumption Doctors.*" Hemorrhage, irritation and inflammation, have been frequently observed as effects of this absurd practice, and in the use of mechanical means as aids in the treatment of chest diseases, your committee find nothing to recommend—believing firmly, that, from braces, stays, etc., there is no more benefit to be derived than might be expected from suspending a forty pound weight to the diaphragm, fixing it at the point of its greatest descent; and for the best of all reasons; that contraction is as necessary as expansion of the chest to the process of respiration.

That the organs of respiration may ordinarily be strengthened and developed by exercise, there is no room to doubt; whilst it appears equally evident that the converse would obtain as the result of controlling their action, or confining them, automatically, to a state of inactivity.

In view of all the facts and arguments that have come to the notice or knowledge of your committee, the frank avowal is due, that facts more clearly indicative, and reasons more conclusive than have yet appeared, become necessary to the adoption of a mode of practice, so fraught with mischief, and so clearly in violation of physiological law, for which there exists no necessity, neither promise of compensation in results.

Inhaling tubes, when viewed in contrast with stays, braces, etc. are comparatively harmless, and should not, therefore, fall

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under the sweeping condemnation pronounced by your committee against the latter.

As before remarked, activity is necessary to the development of the organism, and the due performance of its functions, and where increased activity of the respiratory organs is deemed desirable, it may be secured more readily by a prescribed formula, than by any general directions by the physician; for the simple reason, that an indefinite charm usually hangs round imposing forms. Further than this, the inhaling apparatus, tubes, etc., are of no consequence "as aids in practice." Turn now your attention to that other plaything that flourishes in the suburbs of the profession, viz:—the "*Utero-abdominal Supporter.*" But, before passing to estimate the therapeutic value of this instrument, we notice briefly the pessary and bougie, their spheres of action, and utility as aids to medication.

PESSARY.

The pessary requires but a passing notice, as it is an instrument whose construction and sphere of utility is known to all. It has been productive of much good, but perhaps more evil. When properly employed, it may prove an efficient aid in the treatment of *prolapsus uteri;* but conducive to fearful consequences when employed without careful discrimination.

A few general rules will suffice to show its sphere of utility, and guard against abuses; for instance:

1st.—It should never be used during pregnancy, for of whatever material constructed, or however well adjusted, it could not fail to produce evil consequences, by its mere presence, as an initiating, foreign body.

2nd.—It should never be employed where there exists irritation, inflammation, or even the suspicion of ulceration of the vagina, or cervex uteri, as, by its mere presence, existing disease would be seriously aggravated.

3rd.—Never use it where, with prolapsus uteri, there exists fluor albus, characterized by scalding, watery, or thick, yellow, white, or green purulent, or muco-purulent excretions.

4th.—When none of these conditions attend prolapsus uteri, the pessary may be used, with fair promise of efficient aid, in the treatment of that troublesome and often distressing disease.

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Your committee feels justified in saying thus much, by observation and experience, while further comment upon the utility of an instrument so long used and widely known, is deemed unnecessary.

BOUGIE.

Using the term *bougie* in its generic sense, the various instruments employed for the removal of strictures of the urethra, rectum and œsophagus, may be viewed under one heading. Though variously constructed, they are employed for the fulfillment of one indication: that of dilating the constricted portion of the tubular organs referred to; hence the propriety of grouping them under one name. The therapeutic value of these various mechanical means, may be variously estimated by different members of the profession, but however estimated, the truth forces itself upon the convictions of the man of experience, that many cases, as they come to the notice of the Homœopathic physician, demand their aid.

Strictures, whether of the urethra, rectum, or œsophagus, exist as the effects of pre-existing disease, over which we have no control, at the time we are usually consulted in such cases. That such effects would remain as results of disease, treated homœopathically, your committee has reason to doubt, having met with no such case, and having had ample opportunity for observation. They are usually the result of mal-treatment of diseases, thus terminating; such, at least, is the belief of your committee, based on observation and experience that would seem to warrant it.

However truthful the foregoing view, it must not affect our estimate of the bougie as a curative agent; for cases do occur, and will be often met with in practice, over which medication, unaided by mechanical means, would be quite useless. We shall be compelled by necessity to use them in such cases, and the compensation will amply justify their employment. And it will be seen that the removal of some of the effects of disease of the urethra, rectum, and œsophagus, gives the sphere of utility justly ascribable to the mechanical means under notice. Timely and appropriate medication and regimen might, at least in most cases, supersede the use of mechanical means.

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UTERO-ABDOMINAL SUPPORTER.

We reach, next in order, the utero-abdominal supporter, whose range of influence among the organs and functions of the economy, being vastly wider than that of any of the mechanical means heretofore considered, entitles it to a more extended and rigid investigation. Let us survey the field of its action. The skeleton is before you, as a grim witness; cast an eye at the bony framework destined to sustain and protect the soft parts and organs that must fall under, and be influenced by, this instrument. Let the avowed object sought by the aid of this instrument be borne in mind, viz: to raise up and support in their normal positions, the pelvic, and abdominal viscera, until their membranous, muscular, and ligamentous fastenings regain their tone, and ability to hold them in situ. That the *object* is good in itself; is not denied, nor can it be objected that the indications have been wrongly inferred from the facts that cluster around the pathological status, assumed as a passport to the use of this instrument. This, however, is not the question to be settled here, but whether said instrument will or can meet, and answer the indication, even if rightly inferred. Are we to be guided to our estimate of the therapeutic value of this instrument, by the immediate sensations of relief afforded by it? If so, then may the testimony of thousands be obtained in its favor, in quick time; but all experience teaches that conclusions thus reached, are seldom sound or safe. And that same experience directs the scientific eye far along the line of influence exerted, not only by this instrument, but by every proposed means of cure, that not only the primary prominent, but the secondary consecutive, and long lasting effects may be fully comprehended in the visual range. Thus have been dissipated the illusions of sense in every department of learning, and thus only may we hope to find the real value of the *utero-abdominal supporter.*

As before remarked, the skeleton is before you; give your attention to the grim witness, and record the testimony. Mark the plane bounded by the lenea-ileo-pectinea, separating the pelvic from the abdominal viscera. Below that plane the uterus and urinary bladder may be seen safely ensconced behind the pubic bones, and above it a mass of small intestines bounded on the right and left by the colon. See the location of the messentery,

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and bear in mind its chief function. Notice the location of the liver, stomach, pancreas, duodenum, and kidneys, and consider for one moment the magnitude of offices performed by those organs. Above all these and back of them, separating the abdominal from the thoracic cavity, behold the diaphragm, and consider its importance to respiration and circulation. And finally, turn your attention to the widely expanded envelope of the abdominal viscera, and consider how much depends on its yielding to its contained organs—its mobility, and freedom of action. Notice how, by its *contraction* and relaxation, the diaphragm—the "respiratory piston"—is worked in its cylinder, subservient to the function of respiration, and you will appreciate the reasons in the designing mind, why the ribs were not extended down to the pelvis, and why His plan should not be infringed by the imposition of artificial restraint upon the abdominal muscles, without due necessity, and justifying compensation. Having made a brief survey of the organs and functions destined to fall under the direct influence of the *utero-abdominal supporter*, turn now your attention to the application and working of this instrument.

There rests the hypogastric pad, with its inferior border corresponding to the superior border of the pubic bones, to be forced inward, backward, and upward *by*, and in proportion *to*, the force of the spring by which it is attached to its antagonist, resting upon the posterior aspect of the pelvis. This hypogastric pad is driven, as an entering wedge, between the pelvic and abdominal viscera; the latter rise, the former fall, and always in proportion as the force applied tends to the fulfillment of its legitimate and unavoidable office.

The direction taken by the hypogastric pad, as forced along by the spring, is towards the pomontory of the sacrum and lower lumbar vertebræ. The abdominal viscera rise crowded against the diaphragm, to impede its movements. The small intestines press outward, compressing the colon on the right and left. The messentery and *messicolon* are compressed, the circulation through them impeded or interrupted, and their functions thereby seriously impaired. The large vessels of the trunk must feel the force applied, and the general circulation in all the abdominal viscera must suffer, more or less seriously, according to the

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force applied. And, finally, the force applied must exert its influence upon all the abdominal viscera in all directions. The mobility of these organs will permit them to escape the direct force of the abdominal or hypogastric pad, and huddle together in unnatural positions, where cramped in their movements their functions must be seriously impaired. Though prone to be tolerant, the digestive organs will not long suffer this rude interferference, without showing signs of rebellion, and justifiable resistance. The intestines will be seriously inclined to escape through the least crevice or opening in their envelope, at the risk of being rudely forced back as hernia. Nor do the evils stop here. The organs and functions of respiration, circulation and digestion are not the only sufferers. Look to the pelvic organs, where are they? and what the influence exerted upon them by this unnatural force? These, crowded together in the small basin of the pelvis we find the uterus bladder and rectum; the latter red, swollen, and painful, seeking exit by the anus, whilst the uterus and urinary bladder vie with each other in their efforts to escape through the vagina; side by side, they reach the os externum, where, coming in contact with the perineal pad and centre strap of the instrument, they pause; and here may be obtained a glimpse of the chief benefit, and only substantial merit justly ascribable to the *utero-abdominal supporter* as a curative means. The centre strap and perineal pad antagonize the hypogastric pad, and prevent the escape of these organs through the os exterum—a provision in the construction of the instrument, without which, nothing could secure it, or those who recommend and employ it from merited disrepute, and just execration.

The attentive observer finds no lack of opportunity for the investigation of effects resulting from the employment of this instrument, for it is extensively used in every community. Among American ladies it has become quite as fashionable as the syringe among the French. They can scarcely venture from home without it. To give the outlines of one case that fell to the notice of, and was treated by your committee, will suffice to show not only the legitimate working of the instrument, but the estimate placed upon it after careful observation, and attentive reflection. In the case referred to, the instrument had been worn at intervals for upwards of seven years. When first applied it gave

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immediate sensation of relief. After a few weeks it was laid aside for a few days at a time, on account of severe pains and soreness in the whole lower portion of the abdomen. These unpleasant symptoms would soon subside, when, the instrument being replaced, the same sense of relief was experienced. Thus for more than seven years the instrument was worn, up to the time when the case came to the notice of your committee for treatment. The uterus was low down in the vagina, highly irritated, swollen and painful to the touch. The menses, irregular, and attended with severe pain; between the periods there was profuse leucorrhœa.

The rectum was highly irritated; at times the mucus membrane was much swollen, and protruded with each evacuation of the rectum, for which, at such times, there was almost constant inclination, with tormenting tenesmus.

There was also tenesmus vesica, with frequent and urgent desire for micturition, which was always accomplished with pain more or less severe. There was great sensitiveness to pressure in the region of *secum*, sigmoid flexure of the colon, fundus of the bladder, left ovaria, and through the whole inferior portion of the abdomen. About seven years before, the woman gave birth to a child prematurely, after which for weeks and perhaps months she experienced a sensation of great weakness in the back and bowels, as she expressed it. It was for the relief of this sensation that her medical adviser directed her to the use of the supporter. The chief points in the pathology of her case as given were slowly developed, and all made their appearance under the use of this instrument, and notwithstanding positive direction to lay it aside, she continued to wear it at intervals for several months—medicines were prescribed, and a regulated regimen, to little effect. The aggravation of all her symptoms by wearing the supporter became so apparent, that she was convinced of its bad influence, and consented to discontinue its use, until one day, about four months previous to her death, she wore it for several hours, making calls about the city—on her return in the evening the instrument was thrown off, and never again applied. The pain and soreness occasioned by the instrument were intolerable, but differing only in degree with previous attacks of the kind. Severe chills came on in the night, followed by high

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inflammatory reaction, involving colon, uterus and left ovaria. In spite of all the means employed for relief through subsequent days and weeks, the inflammation terminated in ulceration of the colon and rectum, and a large abcess in the left ovaria, which broke into, and discharged its contents by the rectum.

The strength of the patient gradually succumbed under the exhausting purulent and alvine dejections, and she died, having suffered the torments of a thousand deaths. And your committee was thoroughly convinced that the inflammation, and fatal development of disease in the organs named, was as clearly traceable to the influence exerted by the utero-abdominal supporter, as any disease can be to its cause.

The *irritated*, and *indurated* state of the organs diseased, gave to the final inflammation its intractible character; and the irritation, which gave rise to the induration, was provoked into existence and perpetuated by the long continued pressure of the instrument. Such was the opinion of your committee at the time, and subsequent investigation has only deepened the conviction that that opinion was well founded.

That the *utero-abdominal* supporter exerts its influence in violation of physiological law, there is no room to doubt. There is no necessity for its employment. It carries in itself the elements of defeat, and we look in vain for results which can, in any way, justify this extensive infraction of the laws of life, involved in the use of this instrument.

It should, therefore, be left, branded with our protest, in the hands of those, who, ignorant of reliable therapeutic means, are compelled to look about them for means by which to delude their victims, and appear of strange and mysticle importance in the medical world.

Your committee find it difficult to frame an excuse for the blindness of those who could be induced to employ such an "anti-chirurgical," and anti-physiological contrivance, as a means of cure—an instrument fraught with untold mischief—with slow and insidious murder.

It may be argued that the report of your committee has been drawn from extreme results. Be it so, and to such extremes will ever be found the unavoidable tendencies of the utero-abdominal supporter, or any instrument, operating upon the same principle,

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on the groups of organs in question; and the tendency to extreme results, will ever be found proportioned to the tendency of said instrument, to the performance of its unavoidable work—its legitimate office.

And finally, the conviction is firmly fixed in the mind of your committee, that observation, experience, and the clearly defined laws of life, will ever conspire to vindicate the views herewith submitted, and to condemn the use of *stays*, *shoulder braces*, and the *utero-abdominal supporter* as means of cure, or "*aids in homœopathic practice.*" Others may entertain opposite views. Let such observe closely, that they may not be led astray by the seeming good—the immediate sensations of relief afforded by these mechanical means; for the immediate effects produced can never be received as the measure of influence exerted by them.

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REPORT ON MEDICAL EDUCATION,

BY DR. C. HERING,

TO THE AMERICAN INSTITUTE OF HOMŒOPATHY,

Assembled at Chicago, June 10th, 1857.

Education in medicine, more than in any other of the learned professions, demands the attention of the public, Of the pretensions of lawyers and clergymen, laymen are greatly more capable of forming a correct judgment than they are of the attainments and capabilities of medical practitioners. The management of a case at the bar, lies fairly within the compass of unprofessional judgment, and the revision of the Bench, adapted, as it always is, to the apprehension of the jury, supplies whatever of deeper criticism may happen, in special cases, to be required for a thorough judgment of its management. The Clergy deal with subjects that every man is equally concerned to understand, and every intelligent mind is capable of; but the Healing Art is not thus open to the tests of ordinary judgment and experience. Discerning, distinguishing, and treating diseases, are not guided and ruled by any settled standards of doctrine, or issues of experience, that are easily or certainly applied. But there is, nevertheless, a right and a wrong in medical theories and modes of remedial practice; at least, there are bad and better systems in existence, and there might be a still better or best, if it could by any means be discovered and applied.

"Fools and children," says the proverb, "must not judge unfinished work," but in Medicine, it is just as true, that the wisest and most mature minds are, in general, incapable of judging justly of the Doctor's work, even after it is finished, whether fortunately or fatally. The only security that the community

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can provide, therefore, is in the institution of such methods of Medical Education as shall, at all events, insure thorough instruction of the students in all that is known of the healing art, and, at the same time, open the way for higher and better knowledge in the future.

The public, including the medical profession, as it now stands, cannot decide, with any certainty or safety, whether disease is best treated by any particular method in vogue; or whether it might not be still better and more happily managed by other methods which lie within the easy reach of enlightened and liberal inquiry; but, the public, whether professional or unprofessional, is abundantly competent to institute a policy of study that shall assuredly result in the most thorough qualification of the candidates for its confidence, that the state of the science allows; and, a method of ascertaining acquirements which will insure a just and accurate judgment of their respective pretensions.

Men who understand what a world of sciences is really embraced in a thorough knowledge of medicine, and what a range of education, devotedness of study, and talent for them, are required, must needs regard the quack, the nostrum-vender, and the reckless adventurer, with contempt and indignation; and, so far as such enlightened opinion can go, it is available against the evil of these lowest forms of imposture. But, unhappily for the influence of this corrective, incompetency within the pale of the regular profession is as common as quackery beyond it. The world knows so well that a diploma does not make a doctor, that the parchment now scarcely raises a presumption in favor of the holder; and the resulting loss of faith in orthodoxy has the natural effect of relieving vulgar pretension of much of that weight of scorn which might otherwise crush it out of existence. When Medical Doctor fails to be a title to confidence, Quack is only a term of distinction, without a difference of any practical importance.

Under the system which prevails, Doctor of Medicine means a man of twenty-one years of age or upwards, who has received a diploma from some chartered college. A Medical College is a corporation created by any one of the thirty or forty legislatures of the Union, authorizing the corporators to erect buildings, hold

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real estate, appoint a faculty of teachers, prescribe by-laws for their general government, and, on certain customary conditions, to grant diplomas to students who finish their terms of study within their respective institutions. The trustees of these colleges usually establish a number of Chairs, varying from five to seven. The students, more or less prepared, or wholly unprepared, are admitted, upon the payment of about one hundred dollars, to the lectures of a session. Each Professor lectures from fifty to seventy hours during the session of four or five months. The next year the same things, in all respects, are repeated, even to the rehearsal of the same lectures; and then, upon the certificates of the private teachers of the young gentlemen, that they have studied medicine three years in all, including the time of attendance upon the public lectures, they are admitted to their examination, and, if found competent, (whatever that may happen to mean in the judgment and under the policy of the Faculty,) they are furnished with their diplomas.

There are now more than fifty of these colleges in the United States; and they are every year graduating about one half of the students who crowd their halls.

The provision for doctor-making is, beyond question, ample enough; but, the more important question arises, is it adapted to the work of adequately indoctrinating them in the known truths of the science, and qualifying them for its practice?

Let us see what is the fair result of a brief but sufficient examination of this point:

Colleges, so constituted and governed, it is not denied, might, by properly guarding their admissions, extending their terms, and amplifying their teachings, impart to competent and industrious pupils, all which they undertake to teach; and so, very fairly qualify them in that special system of theory and practice which they severally adopt. This is the utmost that the system is capable of; but a great deal more than it ever performs. Its best administration could do no more—its ordinary operation falls terribly short of this.

The causes are obvious enough. They are such as these:

Almost any small company of gentlemen, without other qualification than ordinary respectability, can procure for themselves an act of incorporation. They are made legally competent, how-

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ever otherwise incapable, to appoint a Faculty of teachers. The Faculty, however well qualified for their office, are put under the necessity of building up a school that shall be popular and will pay. The benches must be filled; and this can be done most certainly and promptly by making the chances of graduation as promising as possible, without utterly running down the credit of the institution. The rivalry thus engendered shows itself in an underbidding, not in the cost of tuition, but in the qualifications required for graduation. A small difference of expense is a matter of little importance, but young men do not willingly court an increased risk of rejection. It is enough for them that they get the parchment of an institution in good credit, at the usual time; and a college that would singly set itself up with a reputation for severity in its examinations, besides losing its prosperity, would fail of achieving the reformation aimed at. It could not make its diploma practically worth the difference in attainments, by which it must be secured, and for this good reason it would be avoided by the students who must make its fortune and fame at their own peril.

It is not necessary to institute comparisons among the classes of these institutions; but it is very apparent from their yearly reports, that those schools which have the largest classes of pupils, are *not* those which graduate the smallest proportion of their pupils. A diploma is—a diploma. It answers all the uses of which it is capable to the less worthy, and the deserving know that they must make for themselves a character as independently of its assistance as though they had never fairly earned it.

The rivalry of the schools in the business of doctor-making illustrates the old proverb, that "competition is the life of trade," but, let it be observed, that it reduces it from the rank of a liberal science to that of a trade, by which the public is injured, the profession degraded, and only the traders are profited.

The mischief lies in the fact, that the teachers, whose popularity and pecuniary interests are promoted by large classes and flourishing schools, are the men who have the power to grant the certificates of qualification to the pupils!

It is not intended to say that every Faculty of professors are so destitute of honor, conscience, and professional pride, as wantonly to sacrifice principle to interest; but, it is not too much

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to say, that too many Faculties are seduced from their integrity, and that these have the power to lower the standard, and compel submission, in a greater or less degree, from the worthier or more honorable institutions.

But if the public could be secured from the mischief of this rivalry of interests, (which in the nature of things is quite impossible,) the fatal objection still lies against the system, that under it, the men who are the teachers are made the judges of their own competency and fidelity in their office, as well as of the devotion and abilities of their pupils.

The public ought to have a more disinterested and reliable judgment in the premises.

The apparently parallel practice of literary colleges affords no warranty for such a violation of safe principle, and is capable of no such mischiefs, as it is in medicine. They have no such vital differences of doctrine to settle—they have no such uncertainties of science to resolve—no such practical responsibilities to encounter—no such bigotries of sectarianism to embarrass and mislead them; and, the honors which they confer are not, like medical diplomas, commissions of trust in matters of high import, of which they are the only competent arbiters.

Again: At least three-fourths of the medical schools of the country are but copies of each other, to all practical and important purposes. They teach nearly the same doctrines in nearly the same way; on nearly the same conditions of time and expense; and their diplomas are as nearly of the same value. Some of the Professors have a higher reputation, both at home and abroad, than others, and deserve it too; but the system under which they all work, gives their pupils little or no advantage that should result from this difference of ability. The Alumni of the most respectable schools are not by any means distinguished for their greater attainments, or their after success in practice, from those of the most ordinary. Limited and crippled as these institutions are by the policy which rules them, the emulation, so natural and beneficent, which otherwise might inspirit them to noblest efforts, degenerates into a mere rivalry for reputation and material prosperity.

They should be put under happier influences.

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Again: As faculties are now constituted, and the rules of graduation are established, the student must select, not by individuals, the particular professors upon whom he shall attend, but he must choose them in lots of six or seven together; and, he must reject them also in bulk.

Now, a school must be deemed peculiarly fortunate, that has four or five out of seven of its faculty every way qualified for teaching acceptably and advantageously. There are not a few instances where one or more chairs are held by men tolerably well, or even very well, skilled in the branches which they are appointed to teach, but very badly qualified to impart instruction. Indeed there are not many instances in which more than three or four are such as the classes would choose if they had the liberty of making their own selections, while in an edifice not more than half a dozen squares distant, they could find the very teachers whom they would gladly prefer to those comparatively incapable men who are fastened upon them.

The faculties were appointed by laymen, generally, who had no special qualification for choosing wisely; and, if the schools have been some time prosperous, all the arts, intrigues and influences, usually at work in securing fat benefices and honorable posts, have further vitiated the elections.

This also is an evil requiring correction.

But, even more than this—these faculties are monopolies, exclusive as well as inclusive. They at once contain and retain mischiefs which are now nearly incapable of reformation; and they shut out and keep out benefits, which would be worth more to the cause of medical education than all that they in fact secure. They shut out from the office of teacher all those able men of the profession who have not the influence of cliques, and the aid of extraneous advantages, to procure their election to professorships in well established colleges, or cannot find vacancies waiting to be filled, or such vacancies as they are best fitted, by talents, taste and special study, to fill to the best advantage.

Private teachers are sometimes, as proteges of the incumbents of professorial chairs, encouraged, or are appointed at a small per centage to adjunct professorships; but, their independent teaching is of no avail to the student in the procurement of his diploma. It may even prejudice his chances of obtaining it.

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This wrong also demands amendment. The system that operates in prohibition of the best talents, that would otherwise be exercised for all the best uses and to the best ends, should be altered.

Again: The courses of lectures given under the present system are entirely too short. During the session of four or five months, six or seven branches are taught, or are attempted to be taught, by as many professors, lecturing, say, seventy hours each. The lecturers themselves invariably complain of the shortness of the time allowed them. They hurry, skip, and finally make a dead halt before they have nearly traversed the ground which they intended to occupy; and every succeeding winter, make the same haste, and the same omissions, upon the same grounds of excuse. This complaint lies very justly against the system. It is every day made by its own supporters; but it is one for which the system itself admits no remedy.

It must be remedied.

A change is demanded, not merely, however, to afford room for the subject matters of the customary programme of instruction, but to give room and verge enough besides for all those auxiliary natural sciences, and related departments of remedial practice, which are now entirely shut out. Many of them are as essential to an adequate medical education as any of those which it embraces, and all are of such value, that any scheme of study which excludes them must sooner or later be discarded.

It is surely allowable to say that a house should have its own proper foundation under it; and, it is even more to the purport of our complaint, that a tree without its roots cannot grow or yield its appropriate fruits.

Out of the customary limitation to a *duplicated session* of four or five months, (the two sessions which make up the term of public instruction are, in fact, but copies and repetitions of each other,) there grows an unavoidable confusion of study—a mixture without order, relation, or natural sequence and dependency. Anatomy, for instance, which certainly ought to have some fixed place in the programme of tuition, corresponding to its natural order in study, is taught in a tangled coil of surgery, physiology, therapeuties, and obstetrics! The Surgeon begins, perhaps, with inflammation, and the Chair of practice opens upon fevers, while

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the Anatomist is still lecturing upon the bones. And amputations, the action of remedies upon the vascular and nervous systems, and the mechanism of parturition, are under discussion, in their several chairs, before the Anatomist has reached a muscle, artery or nerve, involved in the prelections of his fellow-professors!

In justification of this system of cross-readings, or collocation of incoherencies, it is assumed, and may be replied, that the previous private study of the pupil has given him such general notions of the structure as will render the dislocated teachings of the chairs, which in natural order are based upon anatomical knowledge, sufficiently intelligible. But, this is not true. A student who has learned his anatomy from books only, though he may have been so laborious as to commit the text to memory, will nevertheless be unable to find, or recognize, a single muscle in the body. He will hardly be able to credit his senses when the membranes, which figured so largely in his reading, are exhibited to him; and those relations of position which are of the essence of Surgical Anatomy, are as dark to him as though he had never before heard of the tissues with which an operation is concerned.

The chairs of remedial treatment which depend upon a previous acquaintance with Chemistry, Botany, Materia Medica, and Pharmacy, are in similar disorder.

So obvious are these facts, and so fully are they felt, that a Teacher of large experience, and unquestionable authority, has more than once told his classes, in the concluding lecture of his course, that they probably understood less clearly the subjects of his instruction at the end than they did at the beginning of the session; but, he always added, that by faithful study afterward they would be able to unravel and arrange what they had been hearing from him. Such a statement might restore the bewildered student's self-complacency, but it could only reconcile his vanity to his felt ignorance, without removing it.

But, if any one radical fault could be a more conclusive objection than another, the bigoted sectarianism which is not only actually chargeable against the existing system, but inseparable from it, would be entitled to such bad eminence.

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There are in this age of progress quite a number of unlike systems of medical practice. Beside the time-honored Allopathy, we have now such others as Homœopathy, Hydropathy, Chrono-Thermalism, Electro Medicine, Kinesipathy and Eclecticism. Old Physic and Young Physic, and several sects besides, within the pale of orthodoxy, serve to increase and diversify the creeds of parties, all of which have their partisans and their pretensions, inviting the judgment and acceptance of the profession and of the public. But constituted as our schools are, and non-intercourse maintained as it is by the policy which governs all sects alike in the granting of diplomas, a fair and adequate investigation of the respective claims of these diverse theories is made impracticable to the student.

For every difference of system, a separate institution is provided, and the special differences of each are ignored by all the rest, or noticed only in the spirit of partisan controversy. A spirit alien to the temper of true philosophy is indulged and fostered, and the student is kept strictly within the limits of sect, as a determined condition upon which the honors of the doctorate must be conferred.

If there was an infallible tribunal for the settlement of medical theories, or, if any party in all this crowd of opponents could lay claim to absolute certainty in the peculiarities which it maintains, and at the same time, completely cover, not only all that is actually known, but all that is possible to be known in the healing art, it might, with some show of reason, forbid all differences of method, and all further research. But, if each for itself, and all the world for the whole, denies any such perfection of attainment, assuredly, inquiries after truth should have the most liberal range allowed them for ascertaining it.

A Doctor of Medicine should be a man fully informed of all that experiment and observation have revealed to discoverers in every range of inquiry which promises the acquisition of a new truth, or the correction of an old error. The issue depending is a matter of life and death, and the men professionally devoted to the discovery of the truths of the science, like the men empanelled to find a verdict, should have the evidence of every witness competent to testify upon the subject.

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It is a final and fatal objection against the systems of medical education in vogue, that they not only make no provision for such liberality and comprehensiveness of inquiry, but absolutely prevent it.

The sick, or those who have them in charge, are now compelled to choose between practitioners who are at war with each other, and almost wholly unacquainted with the systems which they severally reject.

Assuredly, it must be the narrowness of the policy, the restraints in the organism, of our medical schools, which make them proverbs of illiberality. Even sects in religion, though they differ as widely, and on matters held to be infinitely more important, fraternize better than sects in medicine. They understand each other better, and what is still more to the purpose, the disciples of each faith really have access more freely and fully to the teachings of their antagonists, and, therefore, asperities are abated. If the barriers that forbid comparison of medical systems were frankly removed, candor and fairness would grow up with a better mutual understanding. Science at least should be a Republic, for there only reason is authority.

To abate these evils, and to provide the required conditions for a better system of medical education, we propose what may be called by way of distinction a *voluntary system;* one which shall be Republican in its spirit, free in its policy, just and equal in its operation, diametrically opposed to the middle-age despotism of the existing dynasties in medicine, easy of introduction, and hence eminently practical in its proposed agency. It may not interfere with the organization, procedure, or interests of any schools, farther than it shall tend to advance them in prosperity and usefulness. A voluntary system will concede and recognize an equality of rights, and an even levelness of respectability, to all regular colleges as the accredited exponents of the various systems; and accord to all the Professors of the colleges, as well as to all Independent Teachers who have the talent and character to gather a class of pupils around them, the whole effective worth of their powers to serve in the vocation of medical and scientific tuition. Its reformatory action will be in tendency to emancipate and liberalize medical education, and to extend its scope over the whole field of tributary study.

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To a Board of Examiners, let the applicant for a diploma address himself, and be required to produce satisfactory evidence of his formal study of the profession, or of such branches of it as may rightly entitle him to a degree—that he has attended what is called two courses of lectures on those branches, or, as an approximate statement, that he has had one thousand hours of instruction from the chairs in which they are taught—in a word, that he has had a regular scientific medical education, and upon his examination, let him satisfy the Board that he has made adequate attainments in all those fundamental departments of the study, which are, or ought to be, the same in all the schools, and that he has, also, fairly mastered such speciality in remedial theory and practice as he shall have chosen to adopt.

The Board of Examiners, should embrace a large number of members, having, indeed, no limit short of that comprehensiveness of number and variety which is required to meet and satisfy all the requisitions of the plan. From among these the applicant may be required to select seven or more, to whom he will submit his pretensions.

This liberty of choice will secure him an impartial examination—it will organize the tribunal which must decide upon his qualifications, according to the faith he has adopted; and, it will afford him, besides, the opportunity of having the names of all his teachers, along with those of the particular examiners whom he may prefer, attached to his diploma.

These outlines of a voluntary system will serve to indicate its capabilities, and to demonstrate its practicability; especially, its power of inducing all desirable improvements in the economy of medical tuition, and of conforming to them, as they shall be progressively evolved.

Its advantages appear to be so numerous and important that we cannot here undertake to give them their deserved consideration. We must content ourselves by submitting, or rather suggesting, a few of them.

Divisions and differences among the Board of Examiners are nullified by the student's power of selecting freely from among them the judges of his qualifications. No combinations among them, arising from prejudice, or bigotry, or interest, can be made mischievously effective. The diplomas issued will be worth just

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the weight of the names attached to them, backed by the general credit of the institution; and they will be worth no less; for as there will be no balloting by the Examiners concerned, every signature will certify the competency of the graduate in the branch which it represents. Thus the certainty and the equity of the decision will be at once insured, and its value accurately estimated.

But this policy accommodates itself to other and equally important requirements of a perfected system. The student under it may, at will, extend his studies to any number of branches of medical and associate sciences, beyond the standard requirement, and, to several systems of practice; and secure the due attestation of his attainments therein, and so take honors in the exact measure of his acquirements. For, such diplomas will not be mystical documents in a dead language, and on a dead level, but will correspond to all differences of attainment, and certify them unequivocally; and, they will thus incite emulation by rewarding it, and induce liberal extension of study, by attesting it.

Another advantage of the plan, and a very valuable one, is, that it will allow of successive examinations. A diploma should not issue till the applicant has passed in the standard number and variety of branches, but, his examination for each of these may be had at different and distant periods; and even after the ordinary series shall have been completed, he may add the additional honors which he shall be able by after attainments to earn. Thus, among other things, the desirable extension of the customary term of pupilage may be effected, without danger of misconstruction, for it will be justly taken to arise from the expansion of his studies. Moreover, a failure to satisfy a particular examiner at one time, would not be followed by the disgrace which, under the old system, attaches to a rejection; and the Board would be under no inducement of compassion to waive the duty of rendering strict justice, out of tenderness for the applicant's feelings and fame.

Naturally and necessarily, such gradual examinations would favor and induce a more methodical order of study than the present system of graduation permits, and the student would be thereby relieved of the greatest share of his embarrassments, and delivered from the apprehension of an ordeal, such as the

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several members of the Faculty before whom he appears could scarcely endure. Six or seven examinations, on as many diverse departments of science, encountered in but little more than as many successive hours—always in less than as many days—must be either a terror or a sham. In fact they are too much of both to abide a candid criticism.

In the legitimate working of the plan proposed, no diploma can be issued without competent attainments in Chemistry, Anatomy, Physiology, Pathology, Therapeutics and Materia Medica, Surgery, and Midwifery.

Proficiency in these branches, it will regard as indispensable. In this it does not differ from the average requirements of the established schools of medicine. Six of these branches are substantially the same among all parties and sects. In Materia Medica and Therapeutics, only, is there any considerable diversity of theory and practice.

But besides embracing all these, and allowing all their claims alike, it should make provision for, and endeavor to induce a thorough systematic study of, such other branches of a complete medical education as—Botany, Pharmacy, Dieteties, Medical Jurisprudence, and the treatment of the Insane. Nor should it overlook any of the natural sciences related serviceably to the Healing Art; and it is capable of a like attention to the numerous sub-divisions of study within the customary departments of medicine; such specialties, for instance, as, treatment of the diseases of the Eyes, of the Ears, and of the Teeth, Microscopic Anatomy, Comparative Anatomy, and, whatever else may be made a separate and integral division of medical learning.

For all such specialties, superadded to the standard established by the prevailing usage, it has a place, and will exercise a fostering care.

The students, having perfect freedom of choice thus secured to them, will be at once incited and enabled to extend, vary and methodize their studies, without any other limits than those of their own time, talents, and means; and these will be found vastly more available under the new system than the disorder and restraint of the old can possibly be made to allow; and all who, under this better order of tuition and more equitable distribution of honors, shall qualify themselves beyond the

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customary limits of professional study, will have their just claims upon the public confidence endorsed by competent authority.

It is quite impossible, within the space to which we are necessarily limited, to review with adequate completeness the system which demands the reformation proposed, or to exhibit the principles and workings of the scheme by which it is to be effected. With those who have deeply considered the one, and those who are familiar with the history of the other, no argument can be necessary. In Germany, in all past time, the voluntary system has been in operation so far as is required to demonstrate its practicability and prove its superiority. There the principle is in full force, so far as the older methods of practice are concerned. It has not all the liberality in application to the more recent schools which its spirit would embrace; but the student's liberty of hearing, and the qualified physician's liberality of teaching, have never been abridged; and, to the extent which the policy obtains, its benefits are, by the largest experience, put beyond all controversy. It is for the Homœopathic school, the most proper of the Medical Schools, to give the voluntary system its fullest and most beneficent application. The first republic which has established and reconciled order and liberty in its political, religious, and social institutions, is destined, also, to inaugurate the reign of justice and freedom in the economy of the liberal sciences.

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PECULIAR CASE OF EXANTHEMATOUS DISEASE.

BY Z. CLEMENTS, M. D. VICTORY MILLS, N. Y.

K.'s child, aged one year and six months, was attacked with convulsions. Had been suffering six days, under Allopathic treatment, when I was called to visit it. It had twenty-five to thirty spasms every twenty-four hours, with no abatement from the first.

When called in on the sixth day, at five o'clock, p.m., noted the following symptoms:

Difficult and labored respiration, with high fever; pulse one hundred and forty, full and tense; complete hemiplegia of the left side, or half of the body; face bloated upon left side, and of a purple color; eyes protruded, with glassy look and staring expression; tongue covered with a thick slimy and white coating, the whole attended with frequent diarrhœic stools.

Treatment.—Three pellets of Hyos. nig. 6 given immediately, upon the tongue. Spasms subsided in fifteen minutes, and did not return. Ordered Bell. 6 to be given every three hours, and Bry. 6 three pellets to be given once a day at bed time.

Seventh day of the Disease.—Visited patient at ten o'clock a.m. Observed a fine red rash on the neck and chest of right side, skin moist, and face more natural. Had no spasms, and had rested well during the night, fever much abated, pulse one hundred, and soft. Continued same treatment.

Eighth Day.—Found the right half of the body covered with a fine red rash, face had natural expression, and symptoms generally continued favorable. Treatment as before.

Ninth Day.—Rash had commenced to desquamate, some fever remained, and the left arm and leg were still partially paralyzed. Same treatment continued at varying intervals, up to the

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Eighteenth Day.—When three pellets of Nux. v. 6 were administered. The child was now able to move the left limbs slightly, the paralysis by this time having been nearly overcome. The same fine rash now completely covered the left side of the body, and running through a regular course, desquamated on the twenty-third day of the disease, up to which time the same treatment was continued, and from whence convalescence ensued, till at the end of two weeks more the child was discharged cured.

Dr. C. would also respectfully report three cases of Tonsilitis, cured, each, with a single dose of Hyos. nig. 6.

One of these cases had reached the fifth day. The tonsils were very much inflamed, and swollen to such a degree that they nearly filled the throat.

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BATH, (Me.) July 4th, 1857.

To the Secretary of the American Institute of Homœopathy.—I find, since my return, that I am unable to complete the illustrative portion of my Report on the Materia Medica, in time for insertion in the forthcoming proceedings of the Institute, unless its publication is unwarrantably delayed. I have concluded, therefore, rather than forward it in a condition unsatisfactory to myself, to reserve it for the next session, which I hope may meet the approbation of the Institute.

Very respectfully,

WM. E. PAYNE.

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CONSTITUTION, BY-LAWS AND RULES OF ORDER

OF THE

American Institute of Homœopathy.

CONSTITUTION.

ARTICLE I.

This association shall be styled the American Institute of Homœopathy.

ARTICLE II.

The object of this Institute shall be the improvement of the science of medicine.

ARTICLE III.

This institution shall be composed of those physicians who are already members, and of such others as may be hereafter duly chosen in conformity with its by-laws.

ARTICLE IV.

The officers of this Institute shall be a Chairman, a General Secretary, a Provisional Secretary, and a Treasurer, with such other officers as shall be designated by the by-laws, to be chosen at such times, in such manner, and for such periods, and with such duties as those by-laws shall ordain.

ARTICLE V.

The Institute shall have and use one common seal, with a suitable device and inscription.

ARTICLE VI.

This constitution may be altered or amended by a vote of two-thirds of all the members, present at the regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous annual meeting of the Institute.

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BY-LAWS.

ARTICLE I.

The Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time.

ARTICLE II.

The officers shall be elected annually, by ballot, and a majority of all the votes shall be necessary to a choice.

ARTICLE III.

It shall be the duty of the Chairman to preside at the meetings of the Institute, to preserve order therein, put all questions, announce the decisions, and appoint committees not otherwise ordained.

ARTICLE IV.

It shall be the duty of the General Secretary to organize the meetings and preside until a Chairman shall be elected, to keep a record of the proceedings of the meetings, answer all letters addressed to the Institute, open and maintain such correspondence as may tend to advance its interests, to give proper notice of the meetings of the Institute, to notify candidates of their election, and sign certificates of membership.

ARTICLE V.

It shall be the duty of the Provisional Secretary to assist the General Secretary, and in his absence, to perform his duties.

ARTICLE VI.

It shall be the duty of the Treasurer to receive all moneys belonging to the Institute, to make all necessary disbursements, and report annually in writing.

ARTICLE VII.

At each annual session of the Institute, there shall be a board of five Censors elected by ballot, who shall act until others shall be elected by ballot, whose duty shall be to receive credentials of candidates, and report such as may be found properly qualified, to the Institute for election, any three of whom shall constitute a quorum.

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ARTICLE VIII.

Any person who shall have pursued a regular course of medical studies, according to the requirements of the existing medical institutions of our country, and shall have obtained a certificate of three members of this Institute that he has thus complied with the above requirements, and that he sustains a good moral character and general standing, addressed to the Board of Censors, and by them satisfactorily found qualified in the theory and practice of Homœopathy, and so reported to the Institute, may be elected a member thereof, and upon the payment of two dollars shall receive a certificate of such election.

ARTICLE IX.

There shall be a Central Bureau for the augmentation and improvement of the Materia Medica, consisting of five members, to be appointed by the Chairman.

ARTICLE X.

Certificates of membership shall be granted to such as are already members of the Institute, on the payment of one dollar, and to new members on the payment of two dollars.

ARTICLE XI.

These by-laws may be altered or amended by a vote of a majority of members, present at any annual meeting.

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ORDER OF BUSINESS.

1. The meeting shall be called to order by the General Secretary, or in his absence, the Provisional Secretary, or, in the absence of both Secretaries, the Treasurer, or such person as shall be chosen by the members present, shall preside until a Chairman is chosen.

2. Calling the roll of members.

3. Choice of Chairman and such other officers as are elected by ballot.

4. Election by ballot of Standing Committee on the election and reception of members.

5. Reading of such portion of the minutes of the last meeting as may relate to unfinished business, or matters referred to the next meeting.

6. Appointment of Standing Committee of five on the Treasurer's account and vouchers.

7. Report of Treasurer, with vouchers of expenditures.

8. Report of Committees appointed at the last meeting.

9. Reports and communications from auxiliaries and corresponding bodies.

10. Annual address.

11. Time and place of the next annual meeting, and Committee of Arrangements.

12. Choice of a member to deliver the annual address at the next meeting, and an alternate.

13. Reading of minutes for correction and approval.

14. Adjournment.

The rules relating to the order of business may be varied for the time being by common consent, or by a vote of two-thirds of the members present.

The general rules of the House of Representatives of the United States shall be observed in debate and manner of transacting business, where there are no rules of the society applicable to the subject.

Resolutions Adopted May 14, 1846.

Resolved, That this Institute recommend the formation of local Homœopathic Societies, on the basis of the Institute.

Resolved, That each local society be recommended to appoint a bureau for the augmentation and improvement of the Materia

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Medica, whose duty it shall be to send to the Central Bureau, information in relation to the following topics:

1. The effects which may be observed from the trial of new remedies, whether in health or disease, stating the precise localities of the symptoms, the times of the day at which they occur, with all the attending circumstances and conditions.

2. New symptoms, either pathogenetic or curative, of medicines already or not fully tried, which are clearly ascribable to those drugs, with particulars of such cases.

3. Symptoms of remedies which have more frequently occurred in practice, also any remarkable coincidence in popular practice, especially in cases of poisoning.

4. It is expected that each local Society will report itself annually to the Institute.

5. That each member of the Institute be earnestly desired to make trials of drugs upon himself.

Resolution Adopted June 10, 1847.

Resolved, That the members of the Institute be required to pay the annual sum of $I, towards defraying the expenses of the Institute.

Resolution Adopted June 13, 1850.

Resolved, That candidates who may be hereafter admitted to the membership of the Institute, who may have received a diploma from some regularly established Medical College, or Institution legally authorized to confer such degree, shall have the title M. D. affixed to their names, and all who have not such degree of Doctor of Medicine, but are eligible to membership according to the seventh article of the By-Laws, shall have prefixed the title of Dr., and the Board of Censors are hereby instructed so to report their names to the Institute.

Resolutions Adopted June 12, 1851.

Resolved, That this Institute consider it the duty of every member to make some written communication at every annual meeting, upon some matter pertaining to the general interests of Homœopathy.

Resolved, That members of the Institute who may change their place of residence, are hereby requested to give notice of such change to the General Secretary.

Resolution Adopted June 8, 1853.

Resolved, That the members of the Institute who shall sign the certificate of an applicant for membership, shall state upon the certificate the name of the Medical College of which such applicant shall have graduated.

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Resolution Adopted June 7, 1855.

Resolved, That there shall be a committee of three, on Clinical Experience, appointed annually, whose duty it shall be to receive and report, at each meeting, accounts of cases treated and cured Homœopathically.

Resolution Adopted June 5, 1856.

Resolved, That the Proceedings of the Institute, published by the General Secretary, be withheld from all members of the Institute whose arrearages or dues shall amount to more than two dollars at the next meeting.

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NAMES OF MEMBERS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE ASTERISK (*) DENOTES DECEASED.

A

Abbot, Jehiel, M. D. ..... *Westfield, Mass.*
Adams, Henry, M. D. ..... *Cohoes, N. Y.*
Adams, R. E. W., M. D. ..... *Springfield, Ill.*
Allen, James H., M. D. ..... *New York City.*
* Anderson, M., M. D. ..... *Philadelphia.*
* Anderson, Moses, M. D ..... *New York.*
Andrews, J. R., M. D. ..... *Camden, N. J.*
Angell, H. C., M. D ..... *Lynn, Mass.*
Annin, J. D., M. D ..... *Newark, N. J.*
Armour, Thomas, M. D ..... *Kansas.*
* Atwood, M., M. D. ..... *Francistown, N. H.*

B

* Baker, George, M. D ..... *Chelsea, Mass.*
Baldwin, D. A., M. D. ..... *Rochester, N. Y.*
Baldwin, Jared G., M. D ..... *New York.*
Ball, A. S., M. D ..... *New York City.*
Barlow, S. B., M. D. ..... *New York City.*
Barnes, G. W., M. D ..... *Mt. Vernon, Ohio.*
Barrows, George, M. D ..... *Taunton, Mass.*
Barrows, Ira, M. D. ..... *Providence, R. I.*
Bartlett, A. R., M. D. ..... *Aurora, Ill.*
Bartlett, E. M., M. D. ..... *Louisiana.*
Bauer, A., M. D. ..... *Cincinnati, O.*
Baxter, Wm., M. D ..... *Fishkill, N. Y.*
Bayard, Edward, M. D ..... *New York City.*
Beakely, G., M. D ..... *New York City.*
Beakely, J., M. D. ..... *New York City.*
* Beard, D. H., Dr. ..... *Troy, N. Y.*

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Beckwith, Seth R., M. D.....*Cleveland, O.*
Beebe, G. D., M. D.....*Chicago, Ill.*
Beers, A. H., M. D.,.....*Buffalo, N. Y.*
Belcher, George E., M. D.....*New York City.*
Bell, H. W., M. D.....*Nantucket, Mass.*
Bell, Sanford, M. D.....*Springfield, Ill.*
Bell, Wm. C., M. D.....*Middletown, Conn.*
Belt, R. G., M. D.....*Philadelphia, Pa.*
Bennet, H., M. D.....*Rochester, N. Y.*
Berens, Bernard, M. D.....*Philadelphia.*
Berens, Joseph, M. D.....*Philadelphia.*
Bigelow, Franklin, M. D.....*Toledo, O.*
Bigelow, J. G., M. D.....*Syracuse, N. Y.*
Bigler, G. W., M. D.....*Cincinnati, O.*
Bishop, D. F., M. D.....*Lockport, N. Y.*
Bissell, A. F., M. D.....*Toledo, O.*
Blair, A. O., M. D.....*Columbus, O.*
Blanchard, H. C., M. D.....*Buffalo, N. Y.*
Blanchard, J. A., M. D.....*Pittsburgh, Pa.*
Bloss, Richard, M. D.....*Troy, N. Y.*
Boardman, J. C., M. D.....*Trenton, N. J.*
Bolles, R. M., M. D.....*New York City.*
Bowers, Josiah, M. D.....*New York City.*
Bowers, B. F., M. D.....*New York City.*
Bradford, Richmond, M. D.....*Auburn, Me.*
Brainerd, Jehu, M. D.....*Cleveland, O.*
Brisbane, Wm., M. D.....*Wyoming, Pa.*
* Brown, Joseph R., M. D.....*Galveston, Texas.*
Bryan, R. S., M. D.....*Troy, N. Y.*
Bryant, Charles G., M. D.....*Albany, N. Y.*
Bryant, Joel, M. D.....*Brooklyn, N. Y.*
Bull, A. T., M. D.....*London, Canada West.*
Burgher, J. C., M. D.....*Pittsburgh, Pa.*
Burke, A. C., M. D.....*Brooklyn, N. Y.*
Burritt, A. H., Dr.....*New Orleans, La.*
Burritt, A. R., M. D.....*Huntsville, Ala.*
Bute, G. H., M. D.....*Nazareth, Pa.*

C

Cain, William, M. D.....*Ravenna, Ohio.*
Cate, Shadrach M., M. D.....*Augusta, Me.*
Cator, H. Hull, M. D.....*Syracuse, N. Y.*
* Channing, Wm., M. D.....*New York City.*
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Chase, H. L., M. D.....*Cambridge, Mass.*
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Collins, H. A., M. D.....*Springfield, Mass.*
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* Cook, Geo. W., M. D.....*New York City.*
Cook, Simeon A., M. D.....*Troy, N. Y.*
Cooke, N. F., M. D.....*Chicago, Ill.*
Cornell, Benj. F., M. D., *Moreau Station, Saratoga Co. N. Y.*
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Coxe, Jr., John Redman, M. D.....*Philadelphia.*
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Crittenden, W. H., Dr.....*Bergen Co., N. J.*
Crocker, Isaac Senter, M. D.....*Providence, R. I.*
* Crosby, ——, Dr.....*Akron, Summit Co., O.*
Cummings, J. M., M. D.....*Portland, Maine.*
Cushing, John J., M. D.....*San Francisco, Cal.*

D

Dake, C. A., M. D.....*Warsaw, N. Y.*
Dake, C. M., M. D.....*Geneseo, N. Y.*
Dake, D. M., M. D.....*Pittsburgh, Pa.*
Dake, J. P., M. D.....*Pittsburgh, Pa.*
Dake, W. H., M. D.....*Pittsburgh, Pa.*
Darling, C. B., M. D.....*Lyndon, Vt.*
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Detwiler, H., M. D.....*Easton, Pa.*
Dewolf, Jno. J., M. D.....*Providence, R. I.*
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Dodge, Moses, M. D.....*Portland, Me.*
Donovan, T. W., M. D.... *Quarantine, Staten Island, N. Y.*
Douglas, J. S., M. D.....*Milwaukie, Wis.*
Driggs, Hiram C., M. D.....*Detroit, Mich.*
Dubs, Samuel R., M. D.....*Philadelphia.*
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* Esrey, W. P., M. D.....*Philadelphia, Pa.*

F

Fairchild, S., M. D.....*Parsippany, N. J.*
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* Flagg, Josiah F., M. D.....*Boston, Mass.*
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Foote, Elial T., M. D.....*New Haven, Conn.*
Foote, Geo. F., M. D.....*Buffalo, N. Y.*
Freeman, Alfred, M. D.....*New York City.*
* Freytag, E.....*Bethlehem, Pa.*
Fuller, Milton, M. D.....*Boston, Mass.*

G

Gallupe, Wm., M. D.....*Bangor, Me.*
Gambell, W. P., M. D.....*Francestown, N. H.*
Gardiner, Daniel R., M. D.....*Moorestown, N. J.*
Gardiner, Richard, M. D.....*Philadelphia.*
Gardiner, W. A., M. D.....*Salem, Mass.*
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* Gilbert, James B., M. D.....*Savannah, Ga.*
Giles, Albert, M. D.....*Racine, Wis.*
* Gosewich, C., M. D.....*Wilmington, Del.*
Gray, A. W., M. D.....*Jamestown, N. Y.*
Gray, John F., M. D.....*New York City.*
* Graves, S. W., M. D.....*Chicago, Ill.*
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Green, J., M. D.....*Washington City, D. C.*
Gregg, Rollin R., M. D.....*Canandaigua, N. Y.*
Gregg, Samuel, M. D.....*Boston, Mass.*
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Guernsey, H. N., M. D.....*Philadelphia, Pa.*
Guernsey, William F., M. D.....*Frankford, Pa.*
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Guy, S. S., M. D.....*Brooklyn, N. Y.*

H

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Hatch, Philo L., M. D.....*Dubuque, Iowa.*
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Helmuth, W. T., M. D.....*Philadelphia.*
Hempel, Charles, J., M. D.....*Philadelphia.*
Henry, John H., M. D.....*Montgomery, Ala.*
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Herron, Jas. A., M. D.....*Pittsburgh, Pa.*
Hill, B. L., M. D.....*Berlin, O.*
Hoffman, H. H., M. D.....*Pittsburgh, Pa.*
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Holt, Daniel, M. D.....*Lowell, Mass.*
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Houard, J. G., M. D.....*Philadelphia.*
Hull, A. Cooke, M. D.....*Brooklyn, N. Y.*
Hull, A. G., M. D.....*New York City.*
Humphreys, E., Dr.....*Utica, N. Y.*
Hutchinson, J. B., M. D.....*Madison, Ind.*

I

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J

Jaeger, C. A., M. D.....*Elgin, Ill.*
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James, Isaac, M. D.....*Bustleton, Pa.*
Janney, D., M. D.....*Purcel's Store, Loudon Co., Va.*
Jeanes, Jacob, M. D.....*Philadelphia.*
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Jones, Elijah U., M. D.....*Taunton, Mass.*
Johnson, J. M., M. D.....*Cleveland, O.*
Joslin, B. F., M. D.....*New York City.*
Joslin, B. F., Jr., M. D.....*New York City.*

K

Keep, L., M. D.....*Fairhaven, Conn.*
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Koch, A., M. D.....*Philadelphia.*

L

Lentz, Henry S., M. D.....*Chesnut Hill, Phil. Co., Pa.*
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Lewis, Geo. W., M. D.....*Buffalo, N. Y.*
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* Loomis, J. G., M. D.....*Philadelphia.*
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M

Macy, B. C., M. D.....*Brooklyn, N. Y.*
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Martin, Jos. Lloyd, M. D.....*Baltimore, Md.*
* Matthews, Caleb B., M. D.....*Philadelphia.*
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M'Chesney, A. B., M. D.....*Quincy, Ill.*
M'Knight, C. G., M. D.....*Providence, R. I.*
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M'Manus, F. S., M. D.....*Baltimore, Md.*
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Miller, Adam, M. D.....*Quincy, Ill.*
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Miller, Frederick, M. D.....*Sing Sing, N. Y.*
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Morgan, A. R., M. D.....*Syracuse, N. Y.*
Morrell, Alpheus, M. D.....*Concord, N. H.*
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N

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Orme, C., M. D .....*Panama, N. Y.*
Osgood, David, M. D.....*Boston, Mass.*

P

Paine, Henry D., M. D..... ...*Albany, N. Y.*
Paine, Horace M., M. D.....*Clinton, Oneida Co. N. Y.*
Paine, John A., M. D.....*New Hartford, N. Y.*
Paine, J. P., M. D.....*Dedham, Mass.*
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Palmer, M. W., M. D.....*New York City.*
Palmer, W. C., M. D.....*New York City.*
Parker, H. C., M. D.....*Manchester, N. H.*
Parks, J. M., M. D.....*Cincinnati, O.*
Payne, John, M. D.....*Belfast, Me.*
* Payne, L. V., M. D.....*Belfast, Me.*
Payne, W. E., M. D.....*Bath, Me.*
Peak, J. M., Dr.....*Cooperstown, N. Y.*
Pearson, Wm., M. D.....*Dayton, O.*
Peck, William, M. D.....*Cincinnati, O.*
Peirson, F. D., M. D.
Peterson, James, M. D.....*Weare, N. H.*
Petherbridge, J. B., M. D .....*Hoboken, N. J.*
Pfouts, Jno. S., M. D.....*La Crosse, Wis.*
Pierce, T. A., M. D.....*Wilkesbarre, Pa.*
Piper, J. R., M. D.....*Washington City, D. C.*
Pitney, Aaron, M. D.....*Chicago, Ill.*
Pomeroy, Thomas F., M. D.....*Utica, N. Y.*
Poole, A., Dr.....*Oswego, N. Y.*
Potter, E. A., M. D.....*Oswego, N. Y.*
Preston, Henry C., M. D.....*Providence, R. I.*
Pulte, J. H., M. D.....*Cincinnati, Ohio.*

Q

Quin, Jas. M., M. D.....*New York City.*

R

Raborg, Christopher H., M. D.....*Baltimore, Md.*
Randall, Wm. H., M. D.....*Albany, N. Y.*
Randel, J. M., M. D.....*Chesapeake City, Md.*
Raymond, J. C., M. D.....*Utica, N. Y.*
* Rea, Albus, M. D.....*Portland, Maine.*
Reading, J. K., M. D.....*Somerton, Pa.*
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Roche, M. B., M. D.....*New Bedford, Mass.*
Romig, J., M. D.....*Allentown, Pa.*
* Rosa, Lemuel K., M. D.....*Painesville, Ohio.*
Rosa, Storm, M. D.....*Painesville, Ohio.*
Rosman, Robert, M. D.....*Brooklyn, N. Y.*
* Royston, T. P., M. D.....*Lockport, N. Y.*
Russell, George, M. D.....*Boston Mass.*

S

Sanborn, B., M. D.....*St. Johnsbury, Vt.*
Sargent, Rufus, M. D.....*Reading, Pa.*
Sawyer, B. E., M. D.....*Haverhill, Mass.*
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Schmoele, H., M. D.....*Philadelphia.*
Schwartz, Gust., Dr.....*Philadelphia.*
Scisson, Edward R., M. D.....*New Bedford, Mass.*
Shackford, Rufus, M. D.....*Portland, Maine.*
Sheek, J. F., M. D.....*Philadelphia.*
Shephard, David, Dr.....*Bainbridge, Ohio.*
Sherrill, H., M. D.....*New York City.*
Shipman, Geo. E., M. D.....*Chicago, Ill.*
* Shue, J., M. D.....*Hartford, Conn.*
Sill, Joseph, M. D.....*Kalamazoo, Mich.*
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Sites, Oscar, M. D.....*New London Conn.*
Skiff, C. H., M. D.....*New Haven, Conn.*
Skiles, F. W., M. D.....*Iowa City, Iowa.*
Slocum, Mortimer, M. D.....*Chicago, Ill.*
Small, A. E., M. D.....*Chicago, Ill.*
Smith, D. S., M. D.....*Waukegan, Ill.*
Smith, Edward M., M. D.....*Burlington, N. J.*
Smith, Hamilton L., M. D.....*Mt. Vernon, Ohio.*
* Snow, R. A., M. D.....*New York City.*
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* Stansbury, R. M., M. D.....*California.*
Starr, Calvin, M. D.....*Iowa City, Iowa.*
Stebbins, N., M. D.....*Medina, N. Y.*
Stevens, C. A., M. D.....*Hudson, N. Y.*
Stevens, Grenville S., M. D.....*Providence, R. I.*
Stevenson, T. Collins, M. D.....*Carlisle, Pa.*
Stone, Alfred B., M. D.....*Boston, Mass.*
Stretch, J. B., M. D.....*Salem, N. J.*
Sullivan, John L., M. D.....*New York City.*
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T

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* Taylor, John, M. D.....*New York City.*
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Titsworth, R., M. D.....*Plainfield, N. J.*
Train, H. D., M. D.....*Sheffield, Mass.*
Turrill, M. Y., M. D.....*Cleveland, Ohio.*

V

Vanderburgh, Federal, M. D.....*Rhinebeck, N. Y.*
* Vastine, P. E., M. D.....*Trenton, N. J.*
Vinal, L. G., M. D.....*Philadelphia.*

W

Wack, Philis, M. D.....*Philadelphia.*
Walker, A., M. D.....*Pontiac, Mich.*
Walker, Charles H., M. D.....*Manchester, N. H.*
* Walker, C., M. D.....*Northampton, Mass.*
Walter, Joseph S., M. D.....*Gloucester, Mass.*
Ward, I. M., M. D.....*Newark, N. J.*
Ward, John A., M. D.....*Philadelphia.*
Ward, J. B., M. D.....*Saratoga, N. Y.*
Ward, Walter, M. D.....*Mount Holly, N. J.*
Warner, L. T., M. D.....*New York City.*
Warner, N. H., M. D.....*Buffalo, N. Y.*
Watson, Wm. H., M. D.....*Utica, N. Y.*
Weld, C. M., M. D.....*Jamaica Plains, Mass.*
Wells, L. B., M. D.....*Utica, N. Y.*
Wells, P. P., M. D.....*Brooklyn, N. Y.*
Wesselhoeft, W., M. D.....*Boston, Mass.*
Wheat, J. M., M. D.....*Oberlin, O.*
Wheeler, John, M. D.....*Cleveland, O.*
Whipple, A., M. D.....*Dry Ridge, O.*
Whitehead, C., M. D.....*Philadelphia.*
Whittle, J. F., M. D.....*Nashua, N. H.*
Wild, Charles, M. D.....*Brookline, Mass.*
Wilde, Daniel, M. D.....*New Bedford, Mass.*
Wilder, Louis de V., M. D.....*Geneva, N. Y.*
Wilkinson, R. M., M. D.....*Muscatine, Iowa.*
Williams, C. D., M. D.....*Cleveland, O.*
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Williamson, W., M. D.....*Philadelphia.*

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Withy, Samuel J., Dr.....*Philadelphia.*
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Wood, J. G., M. D.....*Salem, Mass.*
Woodruff, F., M. D.....*Ann Arbor, Mich.*
Woolverton, A. N., M. D.....*Hamilton, Canada W.*
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